2017 NHIS Questionnaire - Sample Adult
Adult Identification

Document Version Date: 01-Jun-18

Question ID: AID.005_00.000  Instrument Variable Name: SADULT  QuestionnaireFileName: Sample Adult

QuestionText: * The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].

* If refused enter CTRL-R

1  Physical or mental condition prohibits responding
2  Sample adult is able to respond
3  Unknown

UniverseText: This is the Sample Adult and (the Sample Adult section has not been started or completed).

SkipInstructions: <1> if Sample Adult = demographics.hhc.RELRESP_A
goto beginning of adult.asd
elseif Sample Adult = demographics.hhc.HHRESP
goto beginning of adult.asd
else
goto AIDVERF_S
endif
<2> goto callbk.ACALLBK1
<3> goto PROX1
<R> store '4' in ASTAT
    if recontact.RCIFLAG ne '1'
goto recontact.RCI_BEGIN procedure
    else
goto back.OUTCOMEB1 procedure
endif

Question ID: AID.010_00.000  Instrument Variable Name: PROX1  QuestionnaireFileName: Sample Adult

QuestionText: * Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

Is a family member or caregiver that is knowledgeable about [fill: ALIAS of Sample Adult]'s health available?

1  Yes
2  No

UniverseText: The Sample Adult's physical or mental condition prohibits responding.

SkipInstructions: <1> goto PROX2
<2> goto PROX3
### Question ID: AID.015_00.000  Instrument Variable Name: PROX2  QuestionnaireFileName: Sample Adult

**QuestionText:**

* Ask if necessary.

What is this person's relationship to [fill: ALIAS of Sample Adult]?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Relative who lives in household</td>
</tr>
<tr>
<td>2</td>
<td>Relative who doesn't live in household</td>
</tr>
<tr>
<td>3</td>
<td>Other caregiver</td>
</tr>
<tr>
<td>4</td>
<td>Other</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Knowledgeable proxy is available.

**SkipInstructions:** <1-4> goto AIDVERF_S

---

### Question ID: AID.020_00.000  Instrument Variable Name: PROX3  QuestionnaireFileName: Sample Adult

**QuestionText:**

* Ask if necessary.

Can a callback with someone knowledgeable about [fill: ALIAS of Sample Adult]'s health be arranged?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

**UniverseText:** Knowledgeable proxy is not available.

**SkipInstructions:**  

<1> goto callbk.ACALLBK1  

<2> store '3' in ASTAT  

if recontact.RCIFLAG ne '1'  

goto recontact.RCI_BEGIN procedure  

everse  

goto back.OUTCOMEB1 procedure  
endif
**Question ID:** AID.030_00.000  **Instrument Variable Name:** AIDVERF_S  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Please verify the following information about the sample adult before proceeding:

I have recorded your sex as [fill: Sex of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1  Yes
2  No

**UniverseText:** Sample Adult is not the person entered in HHRESP or RELRESP_A. Or PROX1 = 'Yes'.

**SkipInstructions:** <1> goto AIDVERF_A  <2> goto AIDSEX

**Question ID:** AID.040_00.000  **Instrument Variable Name:** AIDSEX  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

Are you Male or Female?

* If don’t know or refused enter your best guess of the person's sex.

1  Male
2  Female

**UniverseText:** Respondent said his/her sex is not correct.

**SkipInstructions:** <1,2> store AIDSEX in SEX
                      goto ERR_AIDSEX
                      reset AIDVERF_S
                      goto AIDVERF_S

**Hard Edit:** ERR_AIDSEX

*The gender will now be changed to [fill: AIDSEX].

goto AIDVERF_S (as the default goto)
2017 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 01-Jun-18

Question ID: AID.045_00.000  Instrument Variable Name: AIDVERF_A  QuestionnaireFileName: Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your age as [fill: Age of Sample Adult] old. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1 Yes
2 No

UniverseText: Sample Adult said his/her sex is correct.

SkipInstructions: <1> goto AIDVERF_D
                <2> goto AIDAGE

---

Question ID: AID.050_00.000  Instrument Variable Name: AIDAGE  QuestionnaireFileName: Sample Adult

QuestionText: How old are you?

000-120 Age in years
997 Refused
999 Don't know

UniverseText: Respondent said his/her age is not correct

SkipInstructions: <0-120, Refused, Don't know>
if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE
reset AIDVERF_A
    goto ERR_AIDAGE
else
    store AIDAGE in AGE
    goto AIDDOB_M

Soft Edit:  ERR_AIDAGE

*Age of [fill1: ALIAS of Sample Adult] remains [fill2: Age of Sample Adult] years old.

    goto AIDVERF_A (whether suppressed or not)
* Please verify the following information about the sample adult before proceeding:

I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?

*IIf respondent "refuses" or says "don't know", enter "1" for "yes".

1  Yes
2  No

UniverseText: Sample Adult said his/her age is correct.

SkipInstructions: <1> if AGE of Sample Adult le '17' 
                   goto NO_MORE
                   else 
                   goto beginning of adult.asd
                   endif

<2> goto AIDDOB_M

---

1 of 3

What is your birthday?

*Enter month of birth.

01  January
02  February
03  March
04  April
05  May
06  June
07  July
08  August
09  September
10  October
11  November
12  December
97  Refused
99  Don't know

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <01-12, Refused, Don't know> goto AIDDOB_D
### Question ID: AID.060_02.000  Instrument Variable Name: AIDDOB_D  QuestionnaireFileName: Sample Adult

#### QuestionText:

2 of 3

*Enter day of birth.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-31</td>
<td>Day of the month</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

#### UniverseText:

Respondent said his/her date of birth is not correct or his/her age is not correct

#### SkipInstructions:

<01-31,Refused,Don't know> goto AIDDOB_Y

If days not valid, goto ERR_AIDDOB_D

#### Hard Edit:

ERR_AIDDOB_D

*[fill1: AIDDOB_D] is not a valid day for [fill2: AIDDOB_M].

*Please correct.
*Enter year of birth.

1880-2020 Year of birth
Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:**

<1880-2020, Refused, Don't know> if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
    goto AIDVERF_A
elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
    goto AIDVERF_D
endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)
    goto ERR1_AIDDOB_Y
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)
    goto ERR2_AIDDOB_Y
endif

(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Ref' or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')
    goto ERR3_AIDDOB_Y
else
    store AIDDOB_M in DOBM
    store AIDDOB_D in DOBD
    store AIDDOB_Y in DOBY
    if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
        goto AIDVERF_A
    elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
        goto AIDVERF_D
    endif
endif

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid
    reset AIDVERF_A or AIDVERF_D.
    goto ERR4_AIDDOB_Y
endif

**Hard Edit:**

**ERR1_AIDDOB_Y**

*Future date invalid: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]*
*Please correct.

goto AIDDOB_M (whether suppressed or not)

**ERR2_AIDDOB_Y**

*Not a valid day: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]*
*Please correct.

goto AIDDOB_M (whether suppressed or not)

**ERR3_AIDDOB_Y**

*DOB of [fill2: ALIAS of Sample Adult] remains [fill3: <DOBM> <DOBD>, <DOBY>]*

goto AIDVERF_A (whether suppressed or not)

**ERR4_AIDDOB_Y**

*Data mismatched. Please fix Age or Birthday.*
* If still cannot reconcile, enter 'Don't know' for year of birth.
* Please correct.
**2017 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

**Document Version Date:** 01-Jun-18

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**Question ID:** ASD.050_00.000  **Instrument Variable Name:** WRKVER  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

Earlier I recorded that in the last week you were

(Fill1: working for pay at a job or business.)
(Fill2: with a job or business but not at work.)
(Fill3: looking for work.)
(Fill4: working, but not for pay, at a family-owned job or business.)
(Fill5: not working at a job or business and not looking for work.)

Is that correct?

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who were working or not working last week

**SkipInstructions:**

<1> if DOINGLW2 = 1,2,4 [goto WHOWRK]
else if DOINGLW2 = 3,5 [goto EVERWRK]
<2> [go to WRKCOR]
<R,D> [go to EVERWRK]

---

**Question ID:** ASD.060_00.000  **Instrument Variable Name:** WRKCOR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A1  ? [F1]

What is your correct working status?

* Read answer categories.

1  Working for pay at a job or business
2  With a job or business but not at work
3  Looking for work
4  Working, but not for pay, at a family-owned job or business
5  Not working at a job or business and not looking for work
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ whose working status was incorrect or who were not the Family Respondent and with an answer of D or R to DOINGLW.

**SkipInstructions:**

<1,4> [goto WHOWRK]
<2,5> [goto WHYNOWK2]
<R,D> [go to EVERWRK]
Question ID: ASD.062_00.000  Instrument Variable Name: DOINGLW2  QuestionnaireFileName: Sample Adult

QuestionText: Corrected Employment Status Last Week: (not displayed)

1  Working for pay at a job or business
2  With a job or business but not at work
3  Looking for work
4  Working, but not for pay, at a family-owned job or business
5  Not working at a job or business and not looking for work
7  Refused
9  Don't know

UniverseText: Sample Adults 18+ and also the family section respondent and said Refused or Don't know to the working last week status question in the family section

SkipInstructions: if DOINGLW2 = Refused or Don't know then
[goto EVERWRK]
endif

Question ID: ASD.065_00.000  Instrument Variable Name: WHYNOWK2  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]
(Fill1: What is the main reason you did not work last week?)
(Fill2: What is the main reason you did not have a job or business last week?)

01  Taking care of house or family
02  Going to school
03  Retired
04  On a planned vacation from work
05  On family or maternity leave
06  Temporarily unable to work for health reasons
07  Have job or contract and off-season
08  On layoff
09  Disabled
10  Other
97  Refused
99  Don't know

UniverseText: Sample Adults 18+ whose corrected working status last week was not working at a job or business and not looking for work or with a job or business but not at work

SkipInstructions: <1-10,D,R> if WRKCOR = 2 then
                       [goto WHOWRK]
else [goto EVERWRK]
### Question ID: ASD.066_00.000  
**Instrument Variable Name:** EVERWRK  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever held a job or worked at a business?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who were NOT working at a job or business and not looking for work or looking for work last week or didn’t know or refused to provide their employment status last week.

**SkipInstructions:** <1> [goto WHOWRK]  
<2,D,R> [goto SCHOOLYR]

---

### Question ID: ASD.070_00.000  
**Instrument Variable Name:** WHOWRK  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

(Fill1: For whom did you work at your MAIN job or business? (Name of company, business, organization or employer))

(Fill2: Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer))

(Fill3: Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization or employer))

**Verbatim**

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked.

**SkipInstructions:** <90 char long,D,R> [goto KINDIND]
<table>
<thead>
<tr>
<th>Question ID: ASD.080_00.000</th>
<th>Instrument Variable Name: KINDIND</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
</tr>
<tr>
<td>Verbatim</td>
<td>Verbatim response</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;90 char long,D,R&gt; [goto KINDWRK]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ASD.090_00.000</th>
<th>Instrument Variable Name: KINDWRK</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
</tr>
<tr>
<td>Verbatim</td>
<td>Verbatim response</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;90 char long,D,R&gt; [goto IMPACT]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ASD.100_00.000</th>
<th>Instrument Variable Name: IMPACT</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td></td>
</tr>
<tr>
<td>Verbatim</td>
<td>Verbatim response</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;90 char long,D,R&gt; [goto SUPERVIS]</td>
<td></td>
</tr>
</tbody>
</table>
Question ID: ASD.105_00.010  Instrument Variable Name: SUPERVIS  QuestionnaireFileName: Sample Adult

QuestionText: Did you supervise other employees as part of your job?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1,2,R,D> [goto WRKCAT]

---

Question ID: ASD.110_00.000  Instrument Variable Name: WRKCAT  QuestionnaireFileName: Sample Adult

QuestionText: (book) A2  ? [F1]

[If DOINGGLW2 eq <1,2,4>] Looking at the card, which of these best describes your current job or work situation? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Looking at the card, which of these best describes the job you held for the longest time?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Looking at the card, which of these best describes the job you held most recently? * Read answer choices if necessary.

1  Employee of a PRIVATE company for wages
2  A FEDERAL government employee
3  A STATE government employee
4  A LOCAL government employee
5  Self-employed in OWN business, professional practice or farm
6  Working WITHOUT PAY in a family-owned business or farm
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-4,D,R> [goto LOCALLNO]
<5> [goto BUSINC]
Is this business incorporated?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who are self-employed

(bank) A3

Thinking about
(Fill1: this MAIN job or business)
(Fill2: your last week at the job you held the longest)
(Fill3: your last week at the job you held most recently)

how many people (Fill4:work/Fill5: worked) at this location? Please include yourself.

* "People" includes both FULL- and PART-time employees.
* "Location" refers to the street address of the workplace.

01  1 employee
02  2-9 employees
03  10-24 employees
04  25-49 employees
05  50-99 employees
06  100-249 employees
07  250-499 employees
08  500-999 employees
09  1000 employees or more
97  Refused
99  Don't know

Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked
**Question ID:** ASD.140_01.000  
**Instrument Variable Name:** WRKLONGN  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

? [F1]

1 of 2

About how long [If DOINGLW2 eq <1,2,4>] have you worked at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] did you work at the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] did you work at the job you held most recently?

001-365

1 - 365

997  Refused

999  Don’t know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:**

<1-365> [goto WRKLONGT]

<D,R> if EVERWRK eq 1 and (WHYNOWK2 eq 03 or AGE GE 65) [goto HOURPD] ;

Else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4) [goto WRKLONGH]

---

**Question ID:** ASD.140_02.000  
**Instrument Variable Name:** WRKLONGT  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

* Enter time period.

1  Day(s)

2  Week(s)

3  Month(s)

4  Year(s)

**UniverseText:** Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked) and who gave a number entry in WRKLONGN

**SkipInstructions:**

<4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]

<1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]

else  if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4) [goto WRKLONGH]

**Hard Edit:**

ERR_WRKLONGT

* Number of years is greater than age.

* Please correct.
Question ID: ASD.146_00.000  Instrument Variable Name: WRKLONGH  QuestionnaireFileName: Sample Adult

QuestionText: [F1]

If DOINGLW2 eq 1,2,4] Is this MAIN job or business the job you have held for the longest? [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Was your most recently held job also the job you held the longest?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)

SkipInstructions: <1,2,R,D> [goto HOURPD]

---

Question ID: ASD.150_00.000  Instrument Variable Name: HOURPD  QuestionnaireFileName: Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Are you paid by the hour at this MAIN job or business? [Else if EVERWRK eq <1> and WHYNOWK2 eq 03 or AGE ge 65] Were you paid by the hour on the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Were you paid by the hour on the job you held most recently?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1,2,D,R> [goto PDSICK]
[If DOINGLW2 eq <1,2,4>] Do you have paid sick leave on this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Did you ever have paid sick leave on the job you held the longest?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Did you ever have paid sick leave on the job you held most recently?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1,2,D,R>  
if DOINGLW2 = 1,2,4 then [goto ONEJOB];
else if DOINGLW2=3,5 then [goto WRKLYR2];
else if DOINGLW2=D, R then [goto next section]

Do you have more than one job or business?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business

SkipInstructions: <1,2,R,D>  [goto next section]
**Question Text:** Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

<table>
<thead>
<tr>
<th>Value</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Had job last week</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample adults 18+ who were looking for work or who were not working at a job or business AND who were not looking for work in the last week

**Skip Instructions:** <1,2,D,R> [goto next section]
2017 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 01-Jun-18

**Question ID:** ACN.010_00.000  **Instrument Variable Name:** HYPEV  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
Now I am going to ask you about certain medical conditions. Have you EVER been told by a doctor or other health professional that you had...

... Hypertension, also called high blood pressure?

1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HYPDIFV]
<2,R,D> [goto HYBPCKNO]

---

**Question ID:** ACN.020_00.000  **Instrument Variable Name:** HYPDIFV  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who were told they had hypertension

**SkipInstructions:** <1> [goto HYPYR]
<2,R,D> [goto HYBPCKNO]

---

**Question ID:** ACN.020_00.010  **Instrument Variable Name:** HYPYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?

*Enter '1' if respondent is taking medication to control his/her high blood pressure.

1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who were ever told they had hypertension (2+ visits)

**SkipInstructions:** <1,2,R,D> [goto HYBPCKNO]
1 of 2

About how long has it been since you had your blood pressure checked by a doctor, nurse, or other health professional?

* Enter '0' for Never.
*Enter '95' for 95 or more.

00 Never
01-94 1 to 94
95 95 or more
97 Refused
99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> if HYPEV=1 [goto HYPMDEV2];
else if HYPEV = 2,R,D [goto CHLEV]
<1-95> [goto HYBPCKTP]

2 of 2

* Enter time period for time since last blood pressure check.

0 Never
1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever had their blood pressure checked

SkipInstructions: If (HYBPCKNO gt AGE and HYBPCKTP=4), [goto ERR_HYBPCKTP]
<1-4> [goto HYBPLEV]
<R,D> if HYPEV=1 [goto HYPMDEV2];
else if HYPEV = 2,R,D [goto CHLEV]

Hard Edit: If (HYBPCKNO gt AGE and HYBPCKTP=4), display:
*Time period for last blood pressure check cannot be greater than age.
* Please correct.
### Question ID: ACN.022_01.010  **Instrument Variable Name:** HYBPLEV  **QuestionnaireFileName:** Sample Adult

**QuestionText:** At that time, were you told that your blood pressure was high, normal, or low?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not told</td>
</tr>
<tr>
<td>2</td>
<td>High</td>
</tr>
<tr>
<td>3</td>
<td>Normal</td>
</tr>
<tr>
<td>4</td>
<td>Low</td>
</tr>
<tr>
<td>5</td>
<td>Borderline</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have had their blood pressure checked some days/weeks/months/years ago

**SkipInstructions:** `<1-5,R,D> if HYPEV=1 [goto HYPMDEV2]; else if HYPEV = 2,R,D [goto CHLEV]`

---

### Question ID: ACN.022_02.020  **Instrument Variable Name:** HYPMDEV2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was any medicine EVER prescribed by a doctor for your high blood pressure?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have ever been told they had high blood pressure

**SkipInstructions:** `<1> [goto HYPMED2]  
<2,R,D> [goto CHLEV]`

---

### Question ID: ACN.022_03.030  **Instrument Variable Name:** HYPMED2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who were ever prescribed medicine for high blood pressure

**SkipInstructions:** `<1,2,R,D> [goto CHLEV]`
Question ID: ACN.023_00.010  Instrument Variable Name: CHLEV  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had high cholesterol?

*Enter ‘1’ if respondent is taking medication to control his/her high cholesterol.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions:  <1> [goto CHLYR]
                  <2,R,D> [goto CLCKNO]

Question ID: ACN.023_00.020  Instrument Variable Name: CHLYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had high cholesterol?

*Enter ‘1’ if respondent is taking medication to control his/her high cholesterol.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who were ever told they had high cholesterol

SkipInstructions:  <1,2,R,D> [goto CLCKNO]
About how long has it been since you had your blood cholesterol checked by a doctor, nurse, or other health professional?

* Enter '0' for Never.

*Enter '95' for 95 or more.

<table>
<thead>
<tr>
<th>Code</th>
<th>Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Never</td>
</tr>
<tr>
<td>01-94</td>
<td>1-94</td>
</tr>
<tr>
<td>95</td>
<td>95 or more</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

*Enter time period for time since last blood cholesterol check.

<table>
<thead>
<tr>
<th>Code</th>
<th>Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Day(s)</td>
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<tr>
<td>2</td>
<td>Week(s)</td>
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<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have ever had their blood cholesterol checked

**SkipInstructions:**
If (CLCKNO gt AGE and CLCKTP=4), goto ERR_CLCKTP
Else goto CHLMDEV2
Else goto CHDEV

**Hard Edit:**
*Time period for last blood cholesterol check cannot be greater than age.
* Please correct.
### Question ID: ACN.023_03.030  **Instrument Variable Name:** CHLMDEV2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was any medication EVER prescribed by a doctor to help lower your cholesterol?

<table>
<thead>
<tr>
<th>Option</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have ever been told they had high cholesterol

**SkipInstructions:** 
1. `[goto CHLMDNW2]`
2. `[R,D]` `[goto CHDEV]`

### Question ID: ACN.023_04.040  **Instrument Variable Name:** CHLMDNW2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?

<table>
<thead>
<tr>
<th>Option</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who were ever prescribed medicine for high cholesterol

**SkipInstructions:** 
1.2, R, D `[goto CHDEV]`

### Question ID: ACN.031_01.000  **Instrument Variable Name:** CHDEV  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had...

... Coronary heart disease?

<table>
<thead>
<tr>
<th>Option</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** 
1,2, R, D `[goto ANGEV]`
Have you EVER been told by a doctor or other health professional that you had... Angina, also called angina pectoris?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto MIEV]

Have you EVER been told by a doctor or other health professional that you had...A heart attack (also called myocardial infarction)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HRTEV]
2017 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 01-Jun-18

Question ID: ACN.031_04.000  Instrument Variable Name: HRTEV  QuestionnaireFileName: Sample Adult

QuestionText:

? [F1]

* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Any kind of heart condition or heart disease (other than the ones I just asked about)?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto STREV]

---

Question ID: ACN.031_05.000  Instrument Variable Name: STREV  QuestionnaireFileName: Sample Adult

QuestionText:

* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A stroke?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto EPHEV]
* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Emphysema?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HEART]

---

Which of the following would you say are the symptoms that someone may be having a heart attack? I am going to read a list. Please say yes or no to each one.

...Pain or discomfort in the jaw, neck or back.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto WEA]
2017 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 01-Jun-18

Question ID: ACN.032_02.020  Instrument Variable Name: WEA  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary:

Which of the following would you say are the symptoms that someone may be having a heart attack?

…Feeling weak, lightheaded or faint.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto CHE]

Question ID: ACN.032_03.030  Instrument Variable Name: CHE  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary:

Which of the following would you say are the symptoms that someone may be having a heart attack?

…Chest pain or discomfort.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto ARM]
Question ID: ACN.032_04.040  Instrument Variable Name: ARM  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary:

Which of the following would you say are the symptoms that someone may be having a heart attack?

…Pain or discomfort in the arms or shoulder.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRTH]

Question ID: ACN.032_05.050  Instrument Variable Name: BRTH  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary:

Which of the following would you say are the symptoms that someone may be having a heart attack?

…Shortness of breath.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AHADO]
### Question 1

**Question ID:** ACN.032_06.060  
**Instrument Variable Name:** AHADO  
**Questionnaire FileName:** Sample Adult

**Question Text:**

If you thought someone was having a heart attack, what is the BEST thing to do right away?

1. Advise them to drive to the hospital  
2. Advise them to call their physician  
3. Call 9-1-1 (or another emergency number)  
4. Call spouse or family member  
5. Other  
7. Refused  
9. Don't know

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1-5,R,D> [goto FACE]

### Question 2

**Question ID:** ACN.033_01.010  
**Instrument Variable Name:** FACE  
**Questionnaire FileName:** Sample Adult

**Question Text:**

Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list. Please say yes or no to each one.

... Sudden numbness or weakness of face, arm, or leg, especially on one side.

1. Yes  
2. No  
7. Refused  
9. Don't know

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D> [goto SPEAKING]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date:** 01-Jun-18

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.033_02.020</th>
<th>Instrument Variable Name:</th>
<th>SPEAKING</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>Read if necessary:</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Which of the following would you say are the symptoms that someone may be having a stroke?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>… Sudden confusion or trouble speaking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto EYE]</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.033_03.030</th>
<th>Instrument Variable Name:</th>
<th>EYE</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>Read if necessary:</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Which of the following would you say are the symptoms that someone may be having a stroke?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>… Sudden trouble seeing in one or both eyes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto WALKING]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Question ID:** ACN.033_04.040  **Instrument Variable Name:** WALKING  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary:

Which of the following would you say are the symptoms that someone may be having a stroke?

... Sudden trouble walking, dizziness, or loss of balance.

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto HEADACHE]

---

**Question ID:** ACN.033_05.050  **Instrument Variable Name:** HEADACHE  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary:

Which of the following would you say are the symptoms that someone may be having a stroke?

... Sudden severe headache with no known cause.

1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto ASTDO]
**Question ID:** ACN.033_06.060  **Instrument Variable Name:** ASTDO  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(booking) A4

If you thought someone was having a stroke, what is the BEST thing to do right away?

1. Advise them to drive to the hospital
2. Advise them to call their physician
3. Call 9-1-1 (or another emergency number)
4. Call spouse or family member
5. Other
6. Refused
7. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto COPDEV]

---

**Question ID:** ACN.035_00.000  **Instrument Variable Name:** COPDEV  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD?

1. Yes
2. No
3. Refused
4. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [if AGE GE 40, goto ASPMEDEV else goto AASMEV]
### Question ID: ACN.040_00.010  Instrument Variable Name: ASPMEDEV  QuestionnaireFileName: Sample Adult

**QuestionText:** Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?

* If the respondent volunteers they have been told to take an aspirin every other day or “regularly” for these reasons, enter 1 for “yes.”

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 40+

**SkipInstructions:** `<1> [goto ASPMEDAD]  
<2,R,D> [goto ASPONOWN]`

---

### Question ID: ACN.040_00.020  Instrument Variable Name: ASPMEDAD  QuestionnaireFileName: Sample Adult

**QuestionText:** Are you NOW following this advice?

* If the respondent provides an answer such as “sometimes,” “occasionally,” or “from time to time,” enter 1 for “yes.”

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 40+ who have ever been advised to take a low-dose aspirin every day to prevent or control heart disease

**SkipInstructions:** `<1,R,D> [goto AASMEV]  
<2> [goto ASPMDMED]`
2017 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 01-Jun-18

**Question ID:** ACN.040_00.030  **Instrument Variable Name:** ASPMDMED  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 40+ who have ever been advised to take aspirin every day, but are not currently following that advice

**SkipInstructions:** <1,2,R,D> [goto AASMEV]

---

**Question ID:** ACN.040_00.040  **Instrument Variable Name:** ASPONOWN  **QuestionnaireFileName:** Sample Adult

**QuestionText:** On your own, are you now taking a low-dose aspirin each day to prevent or control heart disease?

* If the respondent volunteers they are taking an aspirin every other day or “regularly” for these reasons, enter 1 for “yes.”

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 40+ who have not been advised to take aspirin every day or Ref/DK if they have been advised to take aspirin every day

**SkipInstructions:** <1,2,R,D> [goto AASMEV]

---

**Question ID:** ACN.080_00.000  **Instrument Variable Name:** AASMEV  **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

Have you EVER been told by a doctor or other health professional that you had asthma?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AASSTILL]  
<2,R,D> [goto ULCEV]
### 2017 NHIS Questionnaire - Sample Adult

#### Adult Conditions

**Document Version Date:** 01-Jun-18

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.085_00.000</td>
<td>AASSTILL</td>
<td>Sample Adult</td>
<td>? [F1] Do you still have asthma?</td>
<td>Sample adults 18+ who were ever told they have asthma</td>
<td>&lt;1,2,R,D&gt; [go to AASMYR]</td>
</tr>
<tr>
<td>ACN.090_00.000</td>
<td>AASMYR</td>
<td>Sample Adult</td>
<td>? [F1] DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?</td>
<td>Sample adults 18+ who were ever told they had asthma</td>
<td>&lt;1,2,R,D&gt; [goto AASMERYR]</td>
</tr>
<tr>
<td>ACN.100_00.000</td>
<td>AASMERYR</td>
<td>Sample Adult</td>
<td>? [F1] DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?</td>
<td>Sample adults 18+ who were ever told they had asthma</td>
<td>&lt;1,2,R,D&gt; [go to ULCEV]</td>
</tr>
</tbody>
</table>
Question ID: ACN.110_00.000  Instrument Variable Name: ULCEV  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...An ulcer

This could be a stomach, duodenal or peptic ulcer.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ULCYR]
<2,R,D> [goto CANEV]

---

Question ID: ACN.120_00.000  Instrument Variable Name: ULCYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had

... An ulcer?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who were ever told they had an ulcer

SkipInstructions: <1,2,R,D> [goto CANEV]
Have you EVER been told by a doctor or other health professional that you had Cancer or a malignancy of any kind?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+
<table>
<thead>
<tr>
<th>Question ID: ACN.140_00.001</th>
<th>Instrument Variable Name: CANKIND_1</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
</table>

**QuestionText:** What kind of cancer was it?

* Enter code for the first kind of cancer.

<table>
<thead>
<tr>
<th>Code</th>
<th>Cancer Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Bladder</td>
</tr>
<tr>
<td>02</td>
<td>Blood</td>
</tr>
<tr>
<td>03</td>
<td>Bone</td>
</tr>
<tr>
<td>04</td>
<td>Brain</td>
</tr>
<tr>
<td>05</td>
<td>Breast</td>
</tr>
<tr>
<td>06</td>
<td>Cervix</td>
</tr>
<tr>
<td>07</td>
<td>Colon</td>
</tr>
<tr>
<td>08</td>
<td>Esophagus</td>
</tr>
<tr>
<td>09</td>
<td>Gallbladder</td>
</tr>
<tr>
<td>10</td>
<td>Kidney</td>
</tr>
<tr>
<td>11</td>
<td>Larynx-windpipe</td>
</tr>
<tr>
<td>12</td>
<td>Leukemia</td>
</tr>
<tr>
<td>13</td>
<td>Liver</td>
</tr>
<tr>
<td>14</td>
<td>Lung</td>
</tr>
<tr>
<td>15</td>
<td>Lymphoma</td>
</tr>
<tr>
<td>16</td>
<td>Melanoma</td>
</tr>
<tr>
<td>17</td>
<td>Mouth/tongue/lip</td>
</tr>
<tr>
<td>18</td>
<td>Ovary</td>
</tr>
<tr>
<td>19</td>
<td>Pancreas</td>
</tr>
<tr>
<td>20</td>
<td>Prostate</td>
</tr>
<tr>
<td>21</td>
<td>Rectum</td>
</tr>
<tr>
<td>22</td>
<td>Skin (non-melanoma)</td>
</tr>
<tr>
<td>23</td>
<td>Skin (DK what kind)</td>
</tr>
<tr>
<td>24</td>
<td>Soft tissue (muscle or fat)</td>
</tr>
<tr>
<td>25</td>
<td>Stomach</td>
</tr>
<tr>
<td>26</td>
<td>Testis</td>
</tr>
<tr>
<td>27</td>
<td>Throat - pharynx</td>
</tr>
<tr>
<td>28</td>
<td>Thyroid</td>
</tr>
<tr>
<td>29</td>
<td>Uterus</td>
</tr>
<tr>
<td>30</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-30,R,D> [goto CANAGE_1]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_1]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_1]

Hard Edit: ERR1_CANKIND_1

* Code 6 or 18 or 29 is unavailable for males.

ERR2_CANKIND_1

* Code 20 or 26 is unavailable for females.
Enter code for the second kind of cancer.

* Enter '96' for no more.

01 Bladder
02 Blood
03 Bone
04 Brain
05 Breast
06 Cervix
07 Colon
08 Esophagus
09 Gallbladder
10 Kidney
11 Larynx-windpipe
12 Leukemia
13 Liver
14 Lung
15 Lymphoma
16 Melanoma
17 Mouth/tongue/lip
18 Ovary
19 Pancreas
20 Prostate
21 Rectum
22 Skin (non-melanoma)
23 Skin (DK what kind)
24 Soft tissue (muscle or fat)
25 Stomach
26 Testis
27 Throat - pharynx
28 Thyroid
29 Uterus
30 Other
96 No more
97 Refused
99 Don't know
UniverseText: Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_1.

SkipInstructions:
<1-30,R,D>[goto CANAGE_2]
<96> if SEX=2 [goto PREGEVER];
else IF SEX=1 [goto DBHVPAY]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_2]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_2]

Hard Edit:
ERR1_CANKIND_2
* Code 6 or 18 or 29 is unavailable for males.

ERR2_CANKIND_2
* Code 20 or 26 is unavailable for females.
* Enter code for the third kind of cancer.

* Enter '96' for no more.

01 Bladder
02 Blood
03 Bone
04 Brain
05 Breast
06 Cervix
07 Colon
08 Esophagus
09 Gallbladder
10 Kidney
11 Larynx-windpipe
12 Leukemia
13 Liver
14 Lung
15 Lymphoma
16 Melanoma
17 Mouth/tongue/lip
18 Ovary
19 Pancreas
20 Prostate
21 Rectum
22 Skin (non-melanoma)
23 Skin (DK what kind)
24 Soft tissue (muscle or fat)
25 Stomach
26 Testis
27 Throat-pharynx
28 Thyroid
29 Uterus
30 Other
96 No more
97 Refused
99 Don't know
UNIVERSETEXT: Sample adults 18+ who either provided an age for a second kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_2.

SkiNSTRUCTIONS: <1-30,R,D>[goto CANAGE_3]
<96> if SEX=2 [goto PREGEVER];
else IF SEX=1 [goto DBHVPAY]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_3]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_3]

Hard Edit:

ERR1_CANKIND_3

* Code 6 or 18 or 29 is unavailable for males.

ERR2_CANKIND_3

* Code 20 or 26 is unavailable for females.

QUESTION ID: ACN.140_00.004 Instrument Variable Name: CANKIND_4 QuestionnaireFileName: Sample Adult

QUESTIONTEXT: * Enter '95' if respondent offers more than 3 kinds of cancer.

* Enter '96' for no more.

95 More than three kinds
96 No more

UNIVERSETEXT: Sample adults 18+ who either provided an age for a third kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_3

SkiNSTRUCTIONS: <95,96> if SEX=2 [goto PREGEVER];
else IF SEX=1 [goto DBHVPAY]
<table>
<thead>
<tr>
<th>Question ID: ACN.150_00.001</th>
<th>Instrument Variable Name: CANAGE_1</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
</table>

**QuestionText:**

How old were you when [Fill1: CANKIND_1 / Fill2: this cancer] was first diagnosed?

<table>
<thead>
<tr>
<th>001-100</th>
<th>1-100 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+ who were ever told they had cancer

**SkipInstructions:**

<1-100, D> goto CANKIND_2  
<R> and <R> at CANKIND_1 if SEX=2 [goto PREGEVER];  
else IF SEX=1 [goto DBHVPAY]  
<R> and CANKIND_1 NE <R> [goto CANKIND_2]

If number in CANAGE_1 greater than person years old (AGE) [goto ERR_CANAGE_1]

**Hard Edit:**

* [Fill2: CANAGE_1] years old is older than age[fill3: AGE].  
* Please correct.

---

<table>
<thead>
<tr>
<th>Question ID: ACN.150_00.002</th>
<th>Instrument Variable Name: CANAGE_2</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
</table>

**QuestionText:**

How old were you when [Fill1: CANKIND_2/Fill2: this cancer] was first diagnosed?

<table>
<thead>
<tr>
<th>001-100</th>
<th>1-100 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+ who were ever told they had cancer

**SkipInstructions:**

<1-100, D> [goto CANKIND_3]  
<R> and <R> at CANKIND_2 if SEX=2 [goto PREGEVER];  
else IF SEX=1 [goto DBHVPAY]  
<R> and CANKIND_2 NE <R> [goto CANKIND_3]

If number in CANAGE_2 greater than person years old (AGE) [goto ERR_CANAGE_2]

**Hard Edit:**

* [Fill2: CANAGE_2] years old is older than your age[fill3: AGE].  
* Please correct.
**Question ID:** ACN.150_00.003  **Instrument Variable Name:** CANAGE_3  **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

How old were you when [Fill1: CANKIND_3/Fill2: this cancer ] was first diagnosed?

- 001-100  1-100 years
- 997  Refused
- 999  Don’t know

**UniverseText:** Sample adults 18+ who were ever told they had cancer

**SkipInstructions:** <1-100, D> [goto CANKIND_4]

<R> and <R> at CANKIND_3 if SEX=2 [goto PREGEVER];

else IF SEX=1 [goto DBHVPAY]

<R> and CANKIND_3 NE <R> [goto CANKIND_4]

If number in CANAGE_3 greater than person years old (AGE) [goto ERR_CANAGE_3]

**Hard Edit:**

* [Fill2: CANAGE_3] years old is older than your age[fill3: AGE].
* Please correct.

---

**Question ID:** ACN.154_00.010  **Instrument Variable Name:** PREGEVER  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever been pregnant?

- 1  Yes
- 2  No
- 7  Refused
- 9  Don’t know

**UniverseText:** Female Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVPAY]
2017 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Jun-18

Question ID: ACN.155_00.010  Instrument Variable Name: DBHVPAY  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following ...

Increase your physical activity or exercise?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto DBHVCLY]

Question ID: ACN.155_00.020  Instrument Variable Name: DBHVCLY  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following...

Reduce the amount of fat or calories in your diet?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto DBHVWLY]


**Question ID:** ACN.155_00.030  
**Instrument Variable Name:** DBHVWLY  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following...

Participate in a weight loss program?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVPAN]

---

**Question ID:** ACN.155_00.040  
**Instrument Variable Name:** DBHVPAN  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

Are you NOW doing any of the following...

Increasing your physical activity or exercise?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVCLN]
**Question ID:** ACN.155_00.050  **Instrument Variable Name:** DBHVCLN  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.

Are you NOW doing any of the following...

- Reducing the amount of fat or calories in your diet?

1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVWLN]

---

**Question ID:** ACN.155_00.060  **Instrument Variable Name:** DBHVWLN  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.

Are you NOW doing any of the following...

- Participating in a weight loss program?

1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DIBREL]
Has your mother, father, brother, or sister EVER been told by a doctor or other health professional that they have diabetes or sugar diabetes?

*Include only blood relatives. Do not include step-relatives or those unrelated by blood.

1 Yes
2 No
7 Refused
9 Don’t know

Sample adults 18+

1 Yes
2 No
3 Borderline or prediabetes
7 Refused
9 Don’t know

Sample adults 18+

1 Yes
2 No
3 Borderline or prediabetes
7 Refused
9 Don’t know
Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+ who were never told they had diabetes, or who refused or said don’t know to having been told they had diabetes

<1,2,R,D> [goto DIBTEST]
**Question ID:** ACN.170_00.000  |  **Instrument Variable Name:** DIBAGE  |  **QuestionnaireFileName:** Sample Adult

**QuestionText:**  
? [F1]  
How old were you when a doctor or other health professional FIRST told you that you had diabetes or sugar diabetes?  

000 thru 100  
Age at which diagnosed  
997  
Refused  
999  
Don’t know  

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

**SkipInstructions:** <1-100 R,D> [goto DIBTYPE]  
If number in DIBAGE greater than person years old (AGE) goto ERR_DIBAGE

**Hard Edit:**  
* [Fill1: DIBAGE] years old is older than your age[fill2: AGE].  
* Please correct.

---

**Question ID:** ACN.175_00.010  |  **Instrument Variable Name:** DIBTYPE  |  **QuestionnaireFileName:** Sample Adult

**QuestionText:**  
What type of diabetes do you have?  
*Read answer categories below.

1  
Type 1  
2  
Type 2  
3  
Other  
7  
Refused  
9  
Don’t know

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

**SkipInstructions:** <1-3,R,D> [goto DIBPILL]
**Question ID:** ACN.180_00.000  **Instrument Variable Name:** DIBPILL  **QuestionnaireFileName:** Sample Adult

**Question Text:** Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

1. Yes
2. No
7. Refused
9. Don't know

**Universe Text:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

**Skip Instructions:** 1,2,R,D [goto INSLN1]

---

**Question ID:** ACN.190_00.000  **Instrument Variable Name:** INSLN1  **QuestionnaireFileName:** Sample Adult

**Question Text:** Insulin can be taken by shot or pump. Are you NOW taking insulin?

1. Yes
2. No
7. Refused
9. Don't know

**Universe Text:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

**Skip Instructions:** 1 if DIBEV1=1 and INSLN1=1 [goto DIBINS2]
else if DIBEV1 ne 1 and (SEX=2 and PREGERVER=1) [goto DIBGDM]
else DIBEV1 ne 1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]
<2,R,D> SEX=2 and PREGEVER=1 [goto DIBGDM]
else if DIBEV1=1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto EPILEP1]
else if DIBEV1 ne 1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]
Thinking back to when you were first diagnosed with diabetes, how long was it before you started taking insulin?

1. Less than 1 month
2. 1 month to less than 6 months
3. 6 months to less than 1 year
4. 1 year or more
7. Refused
9. Don’t know

Sample adults 18+ with diabetes who have ever taken insulin by shot or pump

Since you started taking insulin, have you ever stopped taking it for more than 6 months?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+ with diabetes who have ever taken insulin by shot or pump

Skip Instructions:

1. if DIBINS2=1,2,3 [goto DIBINS4]
   else if SEX=1 or SEX=2 and PREGEVER=2,R,D [goto EPILEP1];
   else (SEX=2 and PREGEVER=1) [goto DIBGDM]
2. R,D> if (SEX=2 and PREGEVER=1) [goto DIBGDM]
   else [goto EPILEP1]
### Question ID: ACN.190_00.030
**Instrument Variable Name:** DIBINS4  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Was this only during the first year after you were diagnosed with diabetes?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who started taking insulin within a year of being diagnosed with diabetes and stopped taking it for more than six months

**SkipInstructions:** `<1,2,R,D> if SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]; else (SEX=2 and PREGEVER=1) [goto DIBGDM]`

---

### Question ID: ACN.195_00.010
**Instrument Variable Name:** DIBGDM  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Were you FIRST told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy? / Were you EVER told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Female Sample adults 18+ who have ever been pregnant

**SkipInstructions:** `<1,2,R,D> [goto DIBBABY]`

---

### Question ID: ACN.197_00.010
**Instrument Variable Name:** DIBBABY  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had a baby that weighed 9 pounds (4 kg) or more at birth?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Female Sample adults 18+ who have ever been pregnant

**SkipInstructions:** `<1,2,R,D> if DIBEV1=1 [goto EPILEP1]; else if DIBEV=2,R,D [goto DIBPRGM]`
These next questions are about a year-long program that can help people prevent Type 2 diabetes. This program has weekly sessions during the first 6 months and monthly sessions over the last 6 months. People in the program receive support from a lifestyle coach on achieving and maintaining a healthy lifestyle.

Have you EVER participated in this type of year-long program to prevent Type 2 diabetes?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Sample adults 18+ who have not been diagnosed with diabetes

Has a doctor or other health care professional ever referred you to such a program to prevent Type 2 diabetes?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Sample adults 18+ who have not been diagnosed with diabetes

<1> if DIBPRGM=1 [goto EPILEP1];
else if DIBPRGM=2,R,D [goto DIBBEGIN]
<2,R,D> [goto DIBBEGIN]
How interested are you in beginning such a year-long program to prevent Type 2 diabetes? Would you say…

*Read categories below.

1 Very interested
2 Somewhat interested
3 Not interested
7 Refused
9 Don’t know

Sample adults 18+ who have not participated in a diabetes prevention program and were not referred to one

Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?

1 Yes
2 No
7 Refused
9 Don’t know

Sample adults 18+

Are you currently taking any medicine to control your seizure disorder or epilepsy?

1 Yes
2 No
7 Refused
9 Don’t know

Sample adults 18+ who have ever been told they had epilepsy
**Question ID:** ACN.199_00.030  **Instrument Variable Name:** EPILEP3  **QuestionnaireFileName:** Sample Adult

**Question Text:**

Today is [fill: Current Date]. Think back to last year about the same time. About how many seizures of any type have you had in the past year?

*Read if necessary: Some people may call it “convulsion,” “fit,” “falling out spell,” “episode,” “attack,” “drop attack,” “staring spell,” or “out-of-touch.”*

*If the respondent mentions and counts “auras” as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

0  None  
1  One  
2  Two or three  
3  Between four and ten  
4  More than 10  
7  Refused  
9  Don’t know

**Universe Text:** Sample adults 18+ who have ever been told they had epilepsy

**Skip Instructions:** <0-4,R,D> [goto EPILEP4]

---

**Question ID:** ACN.199_00.040  **Instrument Variable Name:** EPILEP4  **QuestionnaireFileName:** Sample Adult

**Question Text:**

In the past year have you seen a neurologist or epilepsy specialist for your seizure disorder or epilepsy?

1  Yes  
2  No  
7  Refused  
9  Don’t know

**Universe Text:** Sample adults 18+ who have ever been told they had epilepsy

**Skip Instructions:** <1,2,R,D> [goto EPILEP5]
**Question ID:** ACN.199_00.050  **Instrument Variable Name:** EPILEP5  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say…

*Read categories below.

1. Not at all
2. Slightly
3. Moderately
4. Quite a bit
5. Extremely
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+ who have ever been told they had epilepsy

**SkipInstructions:** <1-5,R,D> [goto AHAYFYR]

---

**Question ID:** ACN.201_01.000  **Instrument Variable Name:** AHAYFYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had...Hay fever?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto SINYR]
Question ID: ACN.201_02.000   Instrument Variable Name: SINYR   QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had
...Sinusitis?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto CBRCHYR]

---

Question ID: ACN.201_03.000   Instrument Variable Name: CBRCHYR   QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had
...Chronic bronchitis?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto KIDWKYR]
DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

......Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Any kind of liver condition?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

<1,2,R,D> [goto LIVYR]
The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

1. Yes
2. No
7. Refused
9. Don’t know

Which joints are affected?

* Enter all that apply, separate with commas.

01. Shoulder-right
02. Shoulder-left
03. Elbow-right
04. Elbow-left
05. Hip-right
06. Hip-left
07. Wrist-right
08. Wrist-left
09. Knee-right
10. Knee-left
11. Ankle-right
12. Ankle-left
13. Toes-right
14. Toes-left
15. Fingers/thumb-right
16. Fingers/thumb-left
17. Other joint not listed
97. Refused
99. Don’t know

Sample adults 18+ who had joint pain in the past 30 days

<1-17,R,D> [goto JNTCHR]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 01-Jun-18

---

**Question ID:** ACN.270_00.000  **Instrument Variable Name:** JNTCHR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did your joint symptoms FIRST begin more than 3 months ago?

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<table>
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<tbody>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who had joint pain in the past 30 days

**SkipInstructions:** <1,2,R,D> [goto JNTHP]

---

**Question ID:** ACN.280_00.000  **Instrument Variable Name:** JNTHP  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER seen a doctor or other health professional for these joint symptoms?

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<table>
<thead>
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<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
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**UniverseText:** Sample adults 18+ who had joint pain in the past 30 days

**SkipInstructions:** <1,2,R,D> [goto ARTH]
Question ID: ACN.290_00.000  Instrument Variable Name: ARTH  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ARTHLMT]
<2,R,D> if JNTSYMP = 1 [goto ARTHLMT];
elseif JNTSYMP ne 1 [goto PAINECK]

Question ID: ACN.295_00.000  Instrument Variable Name: ARTHLMT  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ with joint pain or arthritis

SkipInstructions: <1,2,R,D> [goto PAINECK]
2017 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Jun-18

Question ID: ACN.300_00.000  Instrument Variable Name: PAINECK  QuestionnaireFileName: Sample Adult

QuestionText: [F1]

The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

DURING THE PAST THREE MONTHS, did you have...

... Neck pain?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto PAINLB]

Question ID: ACN.310_00.000  Instrument Variable Name: PAINLB  QuestionnaireFileName: Sample Adult

QuestionText: [F1]

* Read if necessary.

DURING THE PAST THREE MONTHS, did you have...

... Low back pain?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: 1 [goto PAINLEG] 2,R,D [goto PAINFACE]
Did this pain spread down either leg to areas below the knees?

1 Yes
2 No
7 Refused
9 Don’t know

Sample adults 18+ with low back pain in the past 3 months

DURING THE PAST THREE MONTHS, did you have

... Facial ache or pain in the jaw muscles or the joint in front of the ear?

1 Yes
2 No
7 Refused
9 Don’t know

Sample adults 18+
2017 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 01-Jun-18

**Question ID:** ACN.331_02.000  **Instrument Variable Name:** AMIGR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read if necessary:

DURING THE PAST THREE MONTHS, did you have

...Severe headache or migraine?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto ACOLD2W]

---

**Question ID:** ACN.350_00.000  **Instrument Variable Name:** ACOLD2W  **QuestionnaireFileName:** Sample Adult

**QuestionText:** These next questions are about your recent health DURING THE LAST 2 WEEKS.

Did you have a head cold or chest cold that started DURING THE LAST 2 WEEKS?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto AINTIL2W]
Did you have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST TWO WEEKS?

1  Yes
2  No
7  Refused
9  Don't know

Are you currently pregnant?

1  Yes
2  No
7  Refused
9  Don't know

[fill1: Were you pregnant any time since August 1st, [fill: LAST YEAR]?/Were you pregnant any time from August [fill: LAST YEAR] through March [fill: CURYEAR]?/Were you pregnant any time since August 1st, [fill: CURYEAR]?]
These next questions are about your hearing, vision, and teeth.

Do you now use a hearing aid(s)?

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+

Have you ever used a hearing aid(s) in the past?

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid
Question ID: ACN.420_00.000  Instrument Variable Name: AHEARST1  QuestionnaireFileName: Sample Adult

QuestionText: WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

1   Excellent
2   Good
3   A little trouble hearing
4   Moderate trouble
5   A lot of trouble
6   Deaf
7   Refused
9   Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto AVISION]

Question ID: ACN.430_00.000  Instrument Variable Name: AVISION  QuestionnaireFileName: Sample Adult

QuestionText: Do you have any trouble seeing, even when wearing glasses or contact lenses?

1   Yes
2   No
7   Refused
9   Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ABLIND]  
<2,R,D> [goto VIM_DREV]
Question ID: ACN.440_00.000  Instrument Variable Name: ABLIND  QuestionnaireFileName: Sample Adult

QuestionText: Are you blind or unable to see at all?

  1  Yes
  2  No
  7  Refused
  9  Don’t know

UniverseText: Sample adults 18+ who have trouble seeing even when wearing glasses/contact lenses

SkipInstructions: <1,2,R,D> [goto VIM_DREV]

---

Question ID: ACN.440_00.010  Instrument Variable Name: VIM_DREV  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had diabetic retinopathy?

  1  Yes
  2  No
  7  Refused
  9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_DR]
              [2,R,D> [goto VIM_CAEV]

---

Question ID: ACN.440_00.020  Instrument Variable Name: VIMLS_DR  QuestionnaireFileName: Sample Adult

QuestionText: Have you lost any vision because of diabetic retinopathy?

  1  Yes
  2  No
  7  Refused
  9  Don’t know

UniverseText: Sample adults 18+ told they have diabetic retinopathy

SkipInstructions: <1,2,R,D> [goto VIM_CAEV]
Question ID: ACN.440_00.030  Instrument Variable Name: VIM_CAEV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had...

...Cataracts?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_CA]
[2,R,D> [goto VIM_GLEV]

---

Question ID: ACN.440_00.040  Instrument Variable Name: VIMLS_CA  QuestionnaireFileName: Sample Adult

QuestionText: Have you lost any vision because of cataracts?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ told they have cataracts

SkipInstructions: [1,2,R,D> [goto VIMCSURG]

---

Question ID: ACN.440_00.045  Instrument Variable Name: VIMCSURG  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had cataract surgery?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ ever had cataracts

SkipInstructions: <1, 2,R,D> [go to VIM_GLEV]
Question ID: ACN.440_00.050  Instrument Variable Name: VIM_GLEV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had
...Glaucoma?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_GL]
[2,R,D> [goto VIM_MDEV]

Question ID: ACN.440_00.060  Instrument Variable Name: VIMLS_GL  QuestionnaireFileName: Sample Adult

QuestionText: Have you lost any vision because of glaucoma?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ told they have glaucoma

SkipInstructions: <1,2,R,D> [goto VIM_MDEV]
**Question ID:** ACN.440_00.070  **Instrument Variable Name:** VIM_MDEV  **QuestionnaireFile Name:** Sample Adult

**QuestionText:**

* Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Macular Degeneration

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:**

<1> [go to VIMLS_MD];
<2,R,D> and ABLIND=2,R,D,’ ’ [goto VIMGLASS]
else if <2,R,D> and ABLIND=1 [goto AVISREH]

---

**Question ID:** ACN.440_00.080  **Instrument Variable Name:** VIMLS_MD  **QuestionnaireFile Name:** Sample Adult

**QuestionText:** Have you lost any vision because of macular degeneration?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ told they have macular degeneration

**SkipInstructions:**

<1,2,R,D> and ABLIND=2,R,D,’ ’ [goto VIMGLASS];
else <1,2,R,D> and ABLIND=1 [goto AVISREH]
### Question ID: ACN.440_00.100
**Instrument Variable Name:** VIMGLASS  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you currently wear eyeglasses or contact lenses?

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<tbody>
<tr>
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<td>7</td>
<td>Refused</td>
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<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:**
<1,> [go to VIMREAD];
<2,R,D> and AVISION=1 [go to AVISREH];
else <2,R,D> and AVISION=2,R,D [goto AVDF_NWS]

---

### Question ID: ACN.440_00.110
**Instrument Variable Name:** VIMREAD  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you wear eyeglasses or contact lenses to read books or newspapers, write, or do other things that require you to see well up close, such as cooking, sewing or fixing things?

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<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ wear glasses or contacts

**SkipInstructions:** <1,2,R,D> [go to VIMDRIVE]

---

### Question ID: ACN.440_00.120
**Instrument Variable Name:** VIMDRIVE  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you wear eyeglasses or contact lenses to drive, read road and street signs, watch TV, or see things in the distance?

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<tr>
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</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ wear glasses or contacts

**SkipInstructions:**<1,2,R,D> and
If AVISION=1 [go to AVISREH];
Else if AVISION=2,R,D [goto AVDF_NWS]
**Question ID:** ACN.440_00.130  **Instrument Variable Name:** AVISREH  **QuestionnaireFileName:** Sample Adult

**Question Text:** Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?

- 1  Yes
- 2  No
- 7  Refused
- 9  Don't know

**Universe Text:** Sample adults 18+ who have trouble seeing

**Skip Instructions:** <1,2,R,D> [goto AVISDEV]

---

**Question ID:** ACN.440_00.140  **Instrument Variable Name:** AVISDEV  **QuestionnaireFileName:** Sample Adult

**Question Text:** Do you use any adaptive devices such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, CCTV, white cane, or guide dog?

- 1  Yes
- 2  No
- 7  Refused
- 9  Don't know

**Universe Text:** Sample adults 18+ who have trouble seeing

**Skip Instructions:** <1,2,R,D> and if ABLIND = 2,R,D then [goto AVDF_NWS]; else <1,2,R,D> and ABLIND=1 [goto AVISEXAM]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 01-Jun-18

---

**Question ID:** ACN.441_00.010  **Instrument Variable Name:** AVDF_NWS  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,] how difficult is it for you

...To read ordinary print in newspapers

*Read categories below.

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all because of eyesight
6  Do not do this activity for other reasons
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF_CLS]

---

**Question ID:** ACN.441_00.020  **Instrument Variable Name:** AVDF_CLS  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,] how difficult is it for you

...To do work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house or using hand tools

*Read categories below.

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all because of eyesight
6  Do not do this activity for other reasons
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF_NIT]
Question ID: ACN.441_00.030  Instrument Variable Name: AVDF_NIT  QuestionnaireFileName: Sample Adult

**QuestionText:**

*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,] how difficult is it for you

...To go down steps, stairs, or curbs in dim light or at night

*Read categories below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
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</tbody>
</table>

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF_DRV]

---

Question ID: ACN.441_00.040  Instrument Variable Name: AVDF_DRV  QuestionnaireFileName: Sample Adult

**QuestionText:**

*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,] how difficult is it for you

...To drive during daytime in familiar places

*Read categories below.

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**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF_PER]
Question ID: ACN.441_00.050  Instrument Variable Name: AVDF_PER  QuestionnaireFileName: Sample Adult

QuestionText:  
*Read if necessary:  

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight.] how difficult is it for you  
...To notice objects off to the side while you are walking along  

*Read categories below.  

0  Not at all difficult  
1  Only a little difficult  
2  Somewhat difficult  
3  Very difficult  
4  Can't do at all because of eyesight  
6  Do not do this activity for other reasons  
7  Refused  
9  Don't know  

UniverseText:  
Sample adults 18+ who are not blind

SkipInstructions:  
<0-4,6,R,D> [goto AVDF_CRD]

---

Question ID: ACN.441_00.060  Instrument Variable Name: AVDF_CRD  QuestionnaireFileName: Sample Adult

QuestionText:  
*Read if necessary:  

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight.] how difficult is it for you  
...To find something on a crowded shelf  

*Read categories below.  

0  Not at all difficult  
1  Only a little difficult  
2  Somewhat difficult  
3  Very difficult  
4  Can't do at all because of eyesight  
6  Do not do this activity for other reasons  
7  Refused  
9  Don't know  

UniverseText:  
Sample adults 18+ who are not blind

SkipInstructions:  
<0-4,6,R,D> [goto AVISEXAM]
When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

1. Less than one month
2. 1-12 months
3. 13-24 months
4. More than 2 years
5. Never
6. Refused
7. Don't know

Outside of work, do you participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, mowing the lawn, wood working, or working with chemicals.

1. Yes
2. No
3. Refused
4. Don't know

Skip Instructions: <1,R,D> [goto AVISACT]
<table>
<thead>
<tr>
<th>Question ID: ACN.442_00.030</th>
<th>Instrument Variable Name: AVISPROT</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> When doing these activities, on average, do you wear eye protection always, most of the time, some of the time, or none of the time?</td>
<td>1 Always</td>
<td>2 Most of the time</td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ and do participate in activities that can cause eye injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,4,R,D&gt;[goto LUPPRT]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: ACN.451_00.000</th>
<th>Instrument Variable Name: LUPPRT</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Have you lost all of your upper and lower natural (permanent) teeth?</td>
<td>1 Yes</td>
<td>2 No</td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt;[CHPAIN6M]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Question ID:** ACN.460_00.010  **Instrument Variable Name:** CHPAIN6M  **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past six months, how often did you have pain? Would you say...

*Read answer categories below.

1 Never
2 Some days
3 Most days
4 Every day
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,R,D> [goto next section]
<2,3,4> [goto PAINLMT]

---

**Question ID:** ACN.460_00.020  **Instrument Variable Name:** PAINLMT  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Over the past six months, how often did pain limit your life or work activities? Would you say...

*Read answer categories below.

1 Never
2 Some days
3 Most days
4 Every day
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who had chronic pain in the past 6 months

**SkipInstructions:** <1-4,R,D> [goto the next section]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.040_00.000</th>
<th>Instrument Variable Name:</th>
<th>WKDAYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter '0' for None.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>000</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>001-366</td>
<td>1-366 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who worked or had a job or business with or without pay in the last week or who had a job or business in the past 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;0-366,R,D&gt; [goto BEDDAYR]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;120-366&gt; [goto ERR_WKDAYR]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft Edit:</td>
<td>ERR_WKDAYR</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>* [Fill: WKDAYR] is an unusually large number.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>* Please verify.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.050_00.000</th>
<th>Instrument Variable Name:</th>
<th>BEDDAYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did illness or injury keep you in bed more than half of the day (include days while an overnight patient in a hospital)?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>* Enter '0' for None.</td>
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<tr>
<td>000</td>
<td>None</td>
<td></td>
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<tr>
<td>001-366</td>
<td>1-366 days</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>999</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;0-366,R,D&gt; [goto AHSTATYR]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;120-366&gt; [goto ERR_BEDDAYR]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft Edit:</td>
<td>ERR_BEDDAYR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* [Fill: BEDDAYR] is an unusually large number.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>* Please verify.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Question ID: AHS.060_00.000  Instrument Variable Name: AHSTATYR  QuestionnaireFileName: Sample Adult

QuestionText: Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

1  Better
2  Worse
3  About the same
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D> [goto SPECEQ]

---

Question ID: AHS.070_00.000  Instrument Variable Name: SPECEQ  QuestionnaireFileName: Sample Adult

QuestionText: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto FLWALK]
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk a quarter of a mile - about 3 city blocks?

0 Not at all difficult
1 Only a little difficult
2 Somewhat difficult
3 Very difficult
4 Can't do at all
6 Do not do this activity
7 Refused
9 Don't know

Sample adults 18+

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk up 10 steps without resting?

0 Not at all difficult
1 Only a little difficult
2 Somewhat difficult
3 Very difficult
4 Can't do at all
6 Do not do this activity
7 Refused
9 Don't know

Sample adults 18+
### Question ID: AHS.091_03.000
#### Instrument Variable Name: FLSTAND
#### QuestionnaireFileName: Sample Adult

<table>
<thead>
<tr>
<th>QuestionText:</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>6</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(book) A6</em></td>
<td>Not at all difficult</td>
<td>Only a little difficult</td>
<td>Somewhat difficult</td>
<td>Very difficult</td>
<td>Can't do at all</td>
<td>Do not do this activity</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

#### UniverseText: Sample adults 18+

#### SkipInstructions: <0-4,6,R,D> [goto FLSIT]

### Question ID: AHS.091_04.000
#### Instrument Variable Name: FLSIT
#### QuestionnaireFileName: Sample Adult

<table>
<thead>
<tr>
<th>QuestionText:</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>6</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(book) A6</em></td>
<td>Not at all difficult</td>
<td>Only a little difficult</td>
<td>Somewhat difficult</td>
<td>Very difficult</td>
<td>Can't do at all</td>
<td>Do not do this activity</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

#### UniverseText: Sample adults 18+

#### SkipInstructions: <0-4,6,R,D> [goto FLSTOOP]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

*Document Version Date: 01-Jun-18*

**Question ID:** AHS.091_05.000  
**Instrument Variable Name:** FLSTOOP  
**Questionnaire FileName:** Sample Adult

**QuestionText:**

(book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stoop, bend, or kneel?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:**<0-4,6,R,D> [goto FLREACH]

---

**Question ID:** AHS.091_06.000  
**Instrument Variable Name:** FLREACH  
**Questionnaire FileName:** Sample Adult

**QuestionText:**

(book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Reach up over your head?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLGRASP]
**Question ID:** AHS.141_01.000  **Instrument Variable Name:** FLGRASP  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Use your fingers to grasp or handle small objects?

0 Not at all difficult
1 Only a little difficult
2 Somewhat difficult
3 Very difficult
4 Can't do at all
6 Do not do this activity
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLCARRY]

---

**Question ID:** AHS.141_02.000  **Instrument Variable Name:** FLCARRY  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Lift or carry something as heavy as 10 pounds such as a full bag of groceries?

0 Not at all difficult
1 Only a little difficult
2 Somewhat difficult
3 Very difficult
4 Can't do at all
6 Do not do this activity
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLPUSH]
**Question ID**: AHS.141_03.000  **Instrument Variable Name**: FLPUSH  **QuestionnaireFileName**: Sample Adult

**QuestionText**: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Push or pull large objects like a living room chair?

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all difficult</td>
</tr>
<tr>
<td>1</td>
<td>Only a little difficult</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat difficult</td>
</tr>
<tr>
<td>3</td>
<td>Very difficult</td>
</tr>
<tr>
<td>4</td>
<td>Can't do at all</td>
</tr>
<tr>
<td>6</td>
<td>Do not do this activity</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText**: Sample adults 18+

**SkipInstructions**: <0-4,6,R,D> [goto FLSHOP]

---

**Question ID**: AHS.171_01.000  **Instrument Variable Name**: FLSHOP  **QuestionnaireFileName**: Sample Adult

**QuestionText**: (book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Go out to things like shopping, movies, or sporting events?

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all difficult</td>
</tr>
<tr>
<td>1</td>
<td>Only a little difficult</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat difficult</td>
</tr>
<tr>
<td>3</td>
<td>Very difficult</td>
</tr>
<tr>
<td>4</td>
<td>Can't do at all</td>
</tr>
<tr>
<td>6</td>
<td>Do not do this activity</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText**: Sample adults 18+

**SkipInstructions**: <0-4,6,R,D> [goto FLSOCL]
**Question ID:** AHS.171_02.000  **Instrument Variable Name:** FLSOCL  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Participate in social activities such as visiting friends, attending clubs and meetings, going to parties?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLRELAX]

---

**Question ID:** AHS.171_03.000  **Instrument Variable Name:** FLRELAX  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A6

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?

0  Not at all difficult
1  Only a little difficult
2  Somewhat difficult
3  Very difficult
4  Can't do at all
6  Do not do this activity
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4 or FLWALK= 1-4 or FLCLIMB= 1-4 or FLSTAND= 1-4 or FLSIT= 1-4 or FLSTOOP= 1-4 or FLREACH= 1-4 or FLGRASP= 1-4 or FLCARRY= 1-4 or FLPUSH= 1-4 or FLSHOP= 1-4 or FLSOCL= 1-4>[goto AFLHCA]

Else goto SMKEV (next section)
What condition or health problem causes you to have difficulty with [fill1: condition 1, condition 2 or condition 3 (as specified in AHS.091_1 through AHS.171_3)][fill2: these activities]?

* Enter condition number for all that apply, separate with commas.

* Do not probe, except to clarify answer.

- 01 Vision/problem seeing
- 02 Hearing problem
- 03 Arthritis/rheumatism
- 04 Back or neck problem
- 05 Fracture, bone/joint injury
- 06 Other injury
- 07 Heart problem
- 08 Stroke problem
- 09 Hypertension/high blood pressure
- 10 Diabetes
- 11 Lung/breathing problem(for example, asthma and emphysema)
- 12 Cancer
- 13 Birth defect
- 14 Intellectual disability, also known as mental retardation
- 15 Other developmental problem (for example, cerebral palsy)
- 16 Senility
- 17 Depression/anxiety/emotional problem
- 18 Weight problem
- 19 Missing limbs (fingers, toes or digits), amputee
- 20 Kidney, bladder or renal problems
- 21 Circulation problems (including blood clots)
- 22 Benign Tumors, Cysts
- 23 Fibromyalgia, lupus
- 24 Osteoporosis, tendinitis
- 25 Epilepsy, seizures
- 26 Multiple Sclerosis (MS), Muscular Dystrophy (MD)
- 27 Polio(myelitis), paralysis, para/quadriplegia
- 28 Parkinson's disease, other tremors
- 29 Other nerve damage, including carpal tunnel syndrome
- 30 Hernia
- 31 Ulcer
- 32 Varicose veins, hemorrhoids
- 33 Thyroid problems, Grave's disease, gout
- 34 Knee problems (not arthritis (03), not joint injury(05))
- 35 Migraine headaches (not just headaches)
- 90 Other impairment/problem (Specify one)
- 91 Other impairment/problem (Specify one)
- 97 Refused
- 99 Don't know/Not sure
UniverseText: Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/bein on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects; going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).

SkipInstructions: [1-12, 14-35] goto the appropriate follow up question AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order
<13> store "96" in AHCL13N and "6" IN AHCL13T[goto SMKEV ]
<90> [goto AFLHCA_S1]
<91> [goto AFLHCA_S2]
Roster through all AFLHCA entries. Once exhausted goto SMKEV (next section)
<R,D> [goto SMKEV (next section)]

Question ID: AHS.201_90.000 Instrument Variable Name: AFLHCA_S1 QuestionnaireFileName: Sample Adult
QuestionText: * Enter other impairment/problem.

Verbatim
7 Refused
9 Don't know

UniverseText: Sample adults 18+ whose difficulties performing activities listed in FLWALK through FLRELAX is due to at least one condition not listed in AFLHCA

SkipInstructions: <50 chars>[goto AHCL90N]
>ENTER< only with no description [goto ERR1_AFLHCA_S1]
Else goto the appropriate follow-up questions AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order, as specified in AFLHCA

Hard Edit: $ You should enter something specific.

Question ID: AHS.201_91.000 Instrument Variable Name: AFLHCA_S2 QuestionnaireFileName: Sample Adult
QuestionText: * Enter other impairment/problem.

Verbatim
7 Refused
9 Don't know

UniverseText: Sample adults 18+ whose difficulty performing activities listed in FLWALK through FLRELAX is due to more than one condition that is not listed in AFLHCA

SkipInstructions: <50 chars>[goto AHCL91N]
>ENTER< only with no description [goto ERR1_AFLHCA_S1]

Hard Edit: $ You should enter something specific.
How long have you had a vision problem or problem seeing?

* Enter number for time with your vision problem or problem seeing.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94
95
96
97
99

Sample adults 18+ who had difficulty due to a vision problem or problem seeing
2 of 2

* Enter time period for time with vision problem or problem seeing.

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
6  Since birth
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL01T
[if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto
ERR1_AHCL01T

Hard Edit: ERR1_AHCL01T

*Time with condition cannot be greater than age.
* Please correct.

ERR2_AHCL01T

* "6" not selectable.
Question ID: AHS.301_01.000  Instrument Variable Name: AHCL02N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a hearing problem?

* Enter number for time with a hearing problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94  1-94
95     5-95+
96     Since birth
97     Refused
99     Don't know

UniverseText: Sample adults 18+ who had difficulty due to a hearing problem

SkipInstructions: <1-95,D>[goto AHCL02T]  
<96>[store "6" in AHCL02T][goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<R>[store "R" in AHCL02T][goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
Question ID: AHS.301_02.000  Instrument Variable Name: AHCL02T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
6  Since birth
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL02T
[if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto ERR1_AHCL02T

Hard Edit: ERR1_AHCL02T

* Time with condition cannot be greater than age.
* Please correct.

ERR2_AHCL02T

* "6" not selectable.
How long have you had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

Sample adults 18+ who had difficulty due to arthritis or rheumatism

* Enter time period for time with arthritis or rheumatism.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

* Time with condition cannot be greater than age.
* Please correct.
How long have you had a back or neck problem?
* Enter number for time with back or neck problem.
* Enter '95'' for 95 or more.
* Enter "96" if since birth.

01-94
95
96 Since birth
97 Refused
99 Don't know

Sample adults 18+ who had difficulty due to a back or neck problem

<1-95,D>[goto AHCL04T]
<R>[store "R" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.304_01.000  Instrument Variable Name: AHCL05N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a fracture, bone, or joint injury?

* Enter number for time with a fracture, bone, or joint injury.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

01-94  01-94
95  95+
96  Since birth
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who had difficulty due to a fracture, bone, or joint injury

SkipInstructions: <1-95,D>[goto AHCL05T]
<R>[store "R" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

Question ID: AHS.304_02.000  Instrument Variable Name: AHCL05T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with fracture, bone, or joint injury.

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
6  Since birth
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL05T
[if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T

Hard Edit: ERR_AHCL05T

* Time with condition cannot be greater than age.

* Please correct.
### Questionnaire: Adult Health Status & Limitations

**Question ID:** AHS.305_01.000  
**Instrument Variable Name:** AHCL06N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

How long have you had the (fill: other) injury that caused your limitation?

* Enter number for time with injury that caused your limitation.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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<tr>
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<tr>
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<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who had difficulty due to an injury other than a fracture, bone, or joint injury

**SkipInstructions:**

<1-95,D>[goto AHCL06T]  
<R>[store "R" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.305_02.000  
**Instrument Variable Name:** AHCL06T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time with (fill: other) injury.

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<td>Since birth</td>
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<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL06T  
<6> [if [AHCL06N = Number greater than person years old and AHCL06T= 4]] goto ERR1_AHCL06T

**Hard Edit:**

ERR_AHCL06T  
* Time with condition cannot be greater than age.  
* Please correct.
Question ID: AHS.306_01.000  Instrument Variable Name: AHCL07N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a heart problem?

* Enter number for time with a heart problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94  01-94
95  95+
96  Since birth
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who had difficulty due to a heart problem

SkipInstructions: <1-95,D>[goto AHCL07T]
<R>[store "R" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.306_02.000  Instrument Variable Name: AHCL07T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with heart problem.

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
6  Since birth
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL07T
[if [AHCL07N = Number greater than person years old and AHCL07T= 4]] goto ERR1_AHCL07T

Hard Edit: ERR_AHCL07T
* Time with condition cannot be greater than age.
* Please correct.
1 of 2

How long have you had a stroke problem?

* Enter number for time with a stroke problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

01-94  1-94
95     95+
96     Since birth
97     Refused
99     Don't know

2 of 2

* Enter time period for time with stroke problem.

1      Day(s)
2      Week(s)
3      Month(s)
4      Year(s)
6      Since birth
7      Refused
9      Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

<1-4,R,D>[goto AHCL08T]
<6> goto ERR2_AHCL08T
[if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T

Hard Edit:
* Time with condition cannot be greater than age.
* Please correct.
**2017 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date:** 01-Jun-18

---

**Question ID:** AHS.308_01.000  
**Instrument Variable Name:** AHCL09N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

How long have you had hypertension or high blood pressure?

* Enter number for time with hypertension or high blood pressure.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
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</table>

**UniverseText:** Sample adults 18+ who had difficulty due to hypertension or high blood pressure

**SkipInstructions:**

<1-95,D>[goto AHCL09T]  
<R>[store "R" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.308_02.000  
**Instrument Variable Name:** AHCL09T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time with hypertension or high blood pressure.

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<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL09T  
[if [AHCL09N = Number greater than person years old and AHCL09T= 4]] goto ERR1_AHCL09T

**Hard Edit:**

ERR_AHCL09T

* Time with condition cannot be greater than age.  
* Please correct.

---
2017 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 01-Jun-18

Question ID: AHS.309_01.000  Instrument Variable Name: AHCL10N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had diabetes?

* Enter number for time with diabetes.
* Enter '95' for 95 or more.
* Enter "96" if since birth.

01-94  01-94
95      95+
96      Since birth
97      Refused
99      Don't know

UniverseText: Sample adults 18+ who had difficulty due to diabetes

SkipInstructions: <1-95,D>[goto AHCL10T]
<R>[store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.309_02.000  Instrument Variable Name: AHCL10T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with diabetes.

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
6  Since Birth
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL10T
<96> [if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR1_AHCL10T

Hard Edit: ERR_AHCL10T

* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.310_01.000  Instrument Variable Name: AHCL11N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

* Enter number for time with a lung or breathing problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who had difficulty due to a lung or breathing problem

SkipInstructions: <1-95,D>[goto AHCL11T]
   <R>[store "R" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
   <96>[store "6" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.310_02.000  Instrument Variable Name: AHCL11T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with lung or breathing problem (e.g. asthma and emphysema).

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since birth
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
   <6> goto ERR2_AHCL11T
   [if [AHCL11N = Number greater than person years old and AHCL11T= 4]] goto ERR1_AHCL11T

Hard Edit: ERR_AHCL11T
* Time with condition cannot be greater than age.
* Please correct.
How long have you had cancer?

* Enter number for time with cancer.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

01-94  1-94
95    95+
96    Since birth
97    Refused
99    Don't know

Sample adults 18+ who had difficulty due to cancer

1-95,D>[goto AHCL12T]
<R>[store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

* Enter time period for time with cancer.

1    Day(s)
2    Week(s)
3    Month(s)
4    Year(s)
6    Since birth
7    Refused
9    Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL12T
[if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1_AHCL12T

* Time with condition cannot be greater than age.
* Please correct.
How long have you had intellectual disability, also known as mental retardation?

* Enter number for time with intellectual disability/mental retardation.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

1-94
95
96 Since birth
97 Refused
99 Don't know

Sample adults 18+ who had difficulty due to intellectual disability/mental retardation

* Enter time period for time with intellectual disability/mental retardation.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since birth
7 Refused
9 Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

* Time with condition cannot be greater than age.
* Please correct.
How long have you had a developmental problem (e.g., cerebral palsy)?

* Enter number for time with a developmental problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

01-94
95
96 Since birth
97 Refused
99 Don't know

Sample adults 18+ who had difficulty due to a developmental problem

* Enter time period for time with developmental problem.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since birth
7 Refused
9 Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

* Time with condition cannot be greater than age.
* Please correct.
How long have you had senility? 

* Enter number for time with senility.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

01-94  
96 Since birth  
97 Refused  
99 Don't know 

Sample adults 18+ who had difficulty due to senility 

2 of 2 

* Enter time period for time with senility.

1 Day(s)  
2 Week(s)  
3 Month(s)  
4 Year(s)  
6 Since birth  
7 Refused  
9 Don't know 

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question 

* Time with condition cannot be greater than age. 
* Please correct.
Question ID: AHS.316_01.000  Instrument Variable Name: AHCL17N  QuestionnaireFileName: Sample Adult

**QuestionText:** 1 of 2

How long have you had depression, anxiety, or an emotional problem?

* Enter number for time with depression, anxiety, or an emotional problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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**UniverseText:** Sample adults 18+ who had difficulty due to depression, anxiety, or an emotional problem

**SkipInstructions:**<1-95,D>[go to AHCL17T]  
<R>[store "R" in AHCL17T] [go to the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL17T] [go to the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

Question ID: AHS.316_02.000  Instrument Variable Name: AHCL17T  QuestionnaireFileName: Sample Adult

**QuestionText:** 2 of 2

* Enter time period for time with depression, anxiety, or emotional problem.

1  Day(s)  
2  Week(s)  
3  Month(s)  
4  Year(s)  
6  Since birth  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**<1-4, R,D>[go to the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2_AHCL17T  
[if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1_AHCL17T

**Hard Edit:** ERR_AHCL17T

* Time with condition cannot be greater than age.  
* Please correct.
How long have you had a weight problem?

* Enter number for time with a weight problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

Sample adults 18+ who had difficulty due to a weight problem

**Enter time period for time with weight problem.**

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since birth
7 Refused
9 Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**Time with condition cannot be greater than age.**

**Please correct.**
How long have you had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

Sample adults 18+ who had difficulty due to a missing limb

* Enter time period for time with missing limb.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since birth
7 Refused
9 Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

* Time with condition cannot be greater than age.
* Please correct.
### 2017 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

**Document Version Date:** 01-Jun-18

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<th>Instrument Variable Name:</th>
<th>AHCL20N</th>
<th>QuestionnaireFileName:</th>
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<td>QuestionText:</td>
<td>1 of 2</td>
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</tbody>
</table>

**How long have you had a kidney, bladder or renal problem?**

- * Enter number for time with a kidney, bladder or renal problem.
- * Enter '95'' for 95 or more.
- * Enter "96" if since birth.

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<tr>
<th>01-94</th>
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<tr>
<td>96</td>
<td>Since birth</td>
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<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
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**UniverseText:** Sample adults 18+ who had difficulty due to a kidney, bladder or renal problem

**SkipInstructions:**

- `<1-95,D>[goto AHCL20T]
- `<R>[store "R" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<96>[store "6" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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<th>AHCL20T</th>
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<td>QuestionText:</td>
<td>2 of 2</td>
<td></td>
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</tbody>
</table>

- * Enter time period for time with kidney, bladder or renal problem.

| 1    | Day(s) |
| 2    | Week(s) |
| 3    | Month(s) |
| 4    | Year(s) |
| 6    | Since birth |
| 7    | Refused |
| 9    | Don't know |

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

- `<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<6> goto ERR2_AHCL20T
- `[if [AHCL20N = Number greater than person years old and AHCL20T= 4]] goto ERR1_AHCL20T

**Hard Edit:**

ERR_AHCL20T

- * Time with condition cannot be greater than age.
- * Please correct.
How long have you had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

**UniverseText:** Sample adults 18+ who had difficulty due to a circulation problem

**SkipInstructions:**
- `<1-95,D>[goto AHCL21T]
- `<R>[store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<96>[store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

* Enter time period for time with circulation problem.

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**
- `<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<6> goto ERR2_AHCL21T
- `[if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto ERR1_AHCL21T

**Hard Edit:**
* Time with condition cannot be greater than age.
* Please correct.
**2017 NHIS Questionnaire - Sample Adult**  
**Adult Health Status & Limitations**  
*Document Version Date: 01-Jun-18*

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHS.321_01.000</td>
<td>AHCL22N</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**QuestionText:**

1 of 2

How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.
* Enter "95" for 95 or more.
* Enter "96" if since birth.

<table>
<thead>
<tr>
<th>01-94</th>
<th>01-94</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+ who had difficulty due to benign tumors or cysts

**SkipInstructions:**

<1-95,D>[goto AHCL22T]

<R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<96>[store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
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<tbody>
<tr>
<td>AHS.321_02.000</td>
<td>AHCL22T</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**QuestionText:**

2 of 2

* Enter time period for time with benign tumors or cysts.

<table>
<thead>
<tr>
<th>1</th>
<th>Day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Week(s)</td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<6> goto ERR2_AHCL22T

[if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T

**Hard Edit:**

ERR_AHCL22T

* Time with condition cannot be greater than age.
* Please correct.
## 2017 NHIS Questionnaire - Sample Adult
### Adult Health Status & Limitations

**Document Version Date:** 01-Jun-18

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.322_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL23N</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>1 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How long have you had fibromyalgia or lupus?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter number for time with fibromyalgia or lupus.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter &quot;95&quot; for 95 or more.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter &quot;96&quot; if since birth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>01-94</strong></td>
<td>01-94</td>
<td>95</td>
<td>96</td>
<td>Since birth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>95+</td>
<td>Refused</td>
<td>97</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>99</strong></td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who had difficulty due to fibromyalgia or lupus

**SkipInstructions:**
- `<1-95,D>[goto AHCL23T]`
- `<R>[store "R" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`
- `<96>[store "6" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`

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<th>AHS.322_02.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL23T</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>2 of 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter time period for time with fibromyalgia or lupus.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Day(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Week(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**
- `<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`
- `<6> goto ERR2_AHCL23T`
- `[if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto ERR1_AHCL23T`

**Hard Edit:**
- `ERR_AHCL23T`
- * Time with condition cannot be greater than age.
- * Please correct.
2017 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 01-Jun-18

Question ID: AHS.323_01.000  Instrument Variable Name: AHCL24N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who had difficulty due to osteoporosis or tendinitis

SkipInstructions: <1-95,D>[goto AHCL24T]
<96>[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.323_02.000  Instrument Variable Name: AHCL24T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since birth
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL24T
[if [AHCL24N = Number greater than person years old and AHCL24T= 4]] goto ERR1_AHCL24T

Hard Edit: ERR_AHCL24T
* Time with condition cannot be greater than age.
* Please correct.
1 of 2

How long have you had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94 01-94

95 95+

96 Since birth

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who had difficulty due to epilepsy or seizures

SkipInstructions: <1-95,D>[goto AHCL25T]

<96>[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with epilepsy or seizures.

1 Day(s)

2 Week(s)

3 Month(s)

4 Year(s)

6 Since birth

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<6> goto ERR2_AHCL25T

[if [AHCL25N = Number greater than person years old and AHCL25T= 4]] goto ERR1_AHCL25T

Hard Edit: ERR_AHCL25T

* Time with condition cannot be greater than age.

* Please correct.
### 1 of 2

**Question Text:**

How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

* Enter number for time with multiple sclerosis (MS) or muscular dystrophy (MD).

* Enter '95' for 95 or more.

* Enter "96" if since birth.

<table>
<thead>
<tr>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-94</td>
<td>1-94</td>
</tr>
<tr>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:**

Sample adults 18+ who had difficulty due to multiple sclerosis or muscular dystrophy

**Skip Instructions:**

<1-95,D>[goto AHCL26T]

<R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<96>[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

### 2 of 2

**Question Text:**

Enter time period for time with multiple sclerosis or muscular dystrophy.

1. Day(s)
2. Week(s)
3. Month(s)
4. Year(s)
5. Since birth
6. Refused
7. Don't know

**Universe Text:**

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**Skip Instructions:**

<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<6> goto ERR2_AHCL26T

[if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T

**Hard Edit:**

ERR_AHCL26T

* Time with condition cannot be greater than age.

* Please correct.
How long have you had polio(myelitis), paralysis or para/quadriplegia?

* Enter number for time with polio (myelitis), paralysis or para/quadriplegia.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

1-94
95
96 Since birth
97 Refused
99 Don't know

Sample adults 18+ who had difficulty due to polio(myelitis), paralysis or para/quadriplegia

* Enter time period for time with polio(myelitis), paralysis or para/quadriplegia.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since birth
7 Refused
9 Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

* Time with condition cannot be greater than age.
* Please correct.
How long have you had Parkinson's disease or tremors?

* Enter number for time with Parkinson's disease or tremors.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94 1-94
96 96+
Since birth
97 Refused
99 Don't know

Sample adults 18+ who had difficulty due to Parkinson's disease or tremors

* Enter time period for time with Parkinson's disease or tremors.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since Birth
7 Refused
9 Don't know

Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

Time with condition cannot be greater than age.
Please correct.
1 of 2

How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage (including carpal tunnel syndrome).
* Enter "95" for 95 or more.
* Enter "96" if since birth.

01-94
1-94
95
95+
96
Since birth
97
Refused
99
Don't know

UniverseText: Sample adults 18+ who had difficulty due to nerve damage

SkipInstructions:

<1-95,D>[goto AHCL29T]
<R>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with nerve damage.

1
Day(s)
2
Week(s)
3
Month(s)
4
Year(s)
6
Since birth
7
Refused
9
Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions:

<1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL29T
[if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T

Hard Edit:

* Time with condition cannot be greater than age.
* Please correct.
# Question ID: AHS.329_01.000  Instrument Variable Name: AHCL30N  QuestionnaireFileName: Sample Adult

## QuestionText:

1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

<table>
<thead>
<tr>
<th>01-94</th>
<th>1-94</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

## UniverseText:
Sample adults 18+ who had difficulty due to a hernia

## SkipInstructions:

<1-95,D>[goto AHCL30T]

<R>[store "R" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<96>[store "6" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

# Question ID: AHS.329_02.000  Instrument Variable Name: AHCL30T  QuestionnaireFileName: Sample Adult

## QuestionText:

2 of 2

* Enter time period for time with hernia.

<table>
<thead>
<tr>
<th>1</th>
<th>Day(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
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<tr>
<td>3</td>
<td>Month(s)</td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

## UniverseText:
Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

## SkipInstructions:

<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<6> goto ERR2_AHCL30T

<6> goto ERR2_AHCL30T

## Hard Edit:

ERR_AHCL30T

* Time with condition cannot be greater than age.  
* Please correct.
Question ID: AHS.330_01.000  Instrument Variable Name: AHCL31N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

01-94  01-94
95  95+
96  Since birth
97  Refused
99  Don't know

UniverseText: Sample adults 18+ who had difficulty due to an ulcer

SkipInstructions: <1-95,D>[goto AHCL31T]
<R>[store "R" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.330_02.000  Instrument Variable Name: AHCL31T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with ulcer.

1  Day(s)
2  Week(s)
3  Month(s)
4  Year(s)
6  Since birth
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL31T
[if [AHCL31N = Number greater than person years old and AHCL31T= 4]] goto ERR1_AHCL31T

Hard Edit: ERR_AHCL31T

* Time with condition cannot be greater than age.
* Please correct.
How long have you had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

Sample adults 18+ who had difficulty due to varicose veins or hemorrhoids

* Time with condition cannot be greater than age.
* Please correct.
1 of 2

How long have you had a thyroid problem, Grave's disease or gout?

* Enter number for time with a thyroid problem, Grave's disease or gout.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who had difficulty due to a thyroid problem, Grave's disease or gout

SkipInstructions: <1-95,D>[goto AHCL33T]
<95>[store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with thyroid problem, Grave's disease or gout.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since birth
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL33T
[if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T

Hard Edit: ERR_AHCL33T
* Time with condition cannot be greater than age.
* Please correct.
1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

UniverseText: Sample adults 18+ who had difficulty due to a knee problem

SkipInstructions: <1-95,D>[goto AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with knee problem.

1
2
3
4
5
6
7
8
9

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1-4, R,D>[goto AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL34T [if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto ERR1_AHCL34T

Hard Edit:

ERR1_AHCL34T

* Time with condition cannot be greater than age.
* Please correct.
**Question ID:** AHS.334_01.000  
**Instrument Variable Name:** AHCL35N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

01-94  
95  
96  
97  
99

**UniverseText:** Sample adults 18+ who had difficulty due to migraine headaches

**SkipInstructions:**

<1-95,D>[goto AHCL35T]

<R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.334_02.000  
**Instrument Variable Name:** AHCL35T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

* Enter time period for time with migraine headaches.

1  
2  
3  
4  
6  
7  
9

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:**

<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

<6> goto ERR2_AHCL35T

[if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T

**Hard Edit:**

ERR1_AHCL35T

* Time with condition cannot be greater than age.

* Please correct.
2017 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 01-Jun-18

Question ID: AHS.335_01.000  Instrument Variable Name: AHCL90N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA90}?

* Enter number for time with {problem in AFLHCA90}.
* Enter '95' for 95 or more.
* Enter "96" if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA90}

SkipInstructions: <1-95,D>[goto AHCL90T]
<R>[store "R" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.335_02.000  Instrument Variable Name: AHCL90T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA90}.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
6 Since birth
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1-4,R,D>[[if 91 selected in AFLHCA goto AFLHCA_S2]
Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL90T
[if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T

Hard Edit: ERR_AHCL90T

* Time with condition cannot be greater than age.
* Please correct.
How long have you had {problem in AFLHCA91}?

* Enter number for time with {problem in AFLHCA91}.

* Enter '95'' for 95 or more.
* Enter "96" if since birth.

01-94 01-94
95 95+
96 Since birth
97 Refused
99 Don't know

Sample adults 18+ who had difficulty due to {problem in AFLHCA91}
These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

1. Yes
2. No
7. Refused
9. Don't know

Sample adults 18+

How old were you when you FIRST started to smoke fairly regularly?

* Enter '6' if less than 6 years old.
* Enter '95' if 95 years old or older.
* Enter '96' if never smoked regularly.

06-84 6 - 84 years
85 85 years or older
96 Never smoked regularly
97 Refused
99 Don't know

Sample adults 18+ who ever smoked 100 cigarettes

ERR_SMKREG

* Starting age exceeded current age.
* Please correct.
### Question ID: AHB.030_00.000  Instrument Variable Name: SMKNOW  QuestionnaireFileName: Sample Adult

**QuestionText:** Do you NOW smoke cigarettes every day, some days or not at all?

- 1. Every day
- 2. Some days
- 3. Not at all
- 7. Refused
- 9. Don’t know

**UniverseText:** Sample adults 18+ who ever smoked 100 cigarettes

**SkipInstructions:**
- `<1>` [goto CIGSDA1]
- `<2>` [goto CIGDAMO]
- `<3>` [goto SMKQTNO]
- `<D,R>` [goto ECIGEV2]

---

### Question ID: AHB.040_01.000  Instrument Variable Name: SMKQTNO  QuestionnaireFileName: Sample Adult

**QuestionText:** 1 of 2

How long has it been since you quit smoking cigarettes?

- * Enter number for time since quit smoking.
- * Enter ‘95’ for 95 years old or older.

- 01-94 1 - 94
- 95 95+
- 97 Refused
- 99 Don’t know

**UniverseText:** Sample adults 18+ who quit smoking

**SkipInstructions:**
- `<1-95>` [goto SMKQTTP]
- `<D,R>` [goto ECIGEV2]
2017 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 01-Jun-18

Question ID: AHB.040_02.000  Instrument Variable Name: SMKQTTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time since quit smoking.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who quit smoking

SkipInstructions: <1-4> [goto ECIGEV2]
<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP
if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP.

Hard Edit: ERR2_SMKQTTP
* Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]).
* Please correct.

Soft Edit: ERR1_SMKQTTP
* Respondent quit smoking before age 15?
* Please verify.

Question ID: AHB.050_00.000  Instrument Variable Name: CIGSDA1  QuestionnaireFileName: Sample Adult

QuestionText: On the average, how many cigarettes do you now smoke a day?

* Enter '1' if less than 1 cigarette.
* Enter '95' if 95 or more cigarettes.

01-94 1 - 94 cigarettes
95 95+ cigarettes
97 Refused
99 Don't know

UniverseText: Sample adults 18+ who are current every day smokers

SkipInstructions: <1-95,R,D> [goto CIGQTYR]
<table>
<thead>
<tr>
<th>Question ID: AHB.060_00.000</th>
<th>Instrument Variable Name: CIGDAMO</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> On how many of the PAST 30 DAYS did you smoke a cigarette?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Enter '0' for None.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>00 None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-30 1-30 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who are current some day smokers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;0&gt;[goto CIGQTYR]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1-30,R,D&gt; [goto CIGSDA2]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AHB.070_00.000</th>
<th>Instrument Variable Name: CIGSDA2</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter '1' if less than 1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter '95' if 95 or more cigarettes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-94 1-94 cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>95 95+ cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who are current some day smokers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1-95,D,R&gt; [goto CIGQTYR]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

1    Yes
2    No
7    Refused
9    Don't know

The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used an e-cigarette EVEN ONE TIME?

*Read if necessary: E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an “e-liquid” or “e-juice.” Popular brands include NJOY, BLU, LOGIC, and VUSE.

1    Yes
2    No
7    Refused
9    Don't know
<table>
<thead>
<tr>
<th>Question ID: AHB.085_00.020</th>
<th>Instrument Variable Name: ECIGCUR2</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Do you now use e-cigarettes every day, some days, or not at all?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Every day</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who have ever used e-cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1,R,D&gt; [go to CIGAREV2] &lt;2,3&gt; [go to ECIG30D2]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AHB.085_00.030</th>
<th>Instrument Variable Name: ECIG30D2</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> On how many of the PAST 30 DAYS have you used e-cigarettes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>00-30</td>
<td>0-30</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ who now use e-cigarettes some days or not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;0-30,R,D&gt; [goto CIGAREV2]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Question ID:** AHB.085_00.040  **Instrument Variable Name:** CIGAREV2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?

*Read if necessary: “Cigarillos” are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester. Do not include electronic cigars or e-cigars.*

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CIGCUR2]
<2, R, D> [goto PIPEV2]

---

**Question ID:** AHB.085_00.050  **Instrument Variable Name:** CIGCUR2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

1 Every day
2 Some days
3 Not at all
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

**SkipInstructions:** <1 R,D> [goto PIPEV2]
<2,3> [go to CIG30D2]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date:** 01-Jun-18

---

**Question ID:** AHB.085_00.060

**Instrument Variable Name:** CIG30D2

**QuestionnaireFileName:** Sample Adult

**QuestionText:**

On how many of the PAST 30 DAYS have you smoked a regular cigar, cigarillo, or little filtered cigar?

<table>
<thead>
<tr>
<th>00-30</th>
<th>0-30</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days or not at all

**SkipInstructions:** <0-30,R,D> [goto PIPEV2]

---

**Question ID:** AHB.085_00.070

**Instrument Variable Name:** PIPEV2

**QuestionnaireFileName:** Sample Adult

**QuestionText:**

Have you EVER smoked a pipe filled with tobacco-either a regular pipe, water pipe, or hookah EVEN ONE TIME?

*Read if necessary: A hookah is a type of water pipe. It is sometimes called a “nargile” (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs.

*Read if necessary: Do not include electronic pipes or e-pipes.

| 1   | Yes         |
| 2   | No          |
| 7   | Refused     |
| 9   | Don't know  |

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto PIPECUR2]

<2,R,D> [goto SMKLSTB1]
Question ID: AHB.085_00.080  Instrument Variable Name:  PIPECUR2  QuestionnaireFileName:  Sample Adult

QuestionText: Do you now smoke pipes filled with tobacco – either regular pipes, water pipes, or hookahs, every day, some days, or not at all?

*Read if necessary: Do not include pipes filled with substances other than tobacco.

1 Every day
2 Some days
3 Not at all
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco

SkipInstructions: <1-3,R,D> [goto SMKLSTB1]

Question ID: AHB.085_00.090  Instrument Variable Name:  SMKLSTB1  QuestionnaireFileName:  Sample Adult

QuestionText: Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

*Read if necessary: Do not include nicotine replacement therapy products (such as patch, gum, lozenge, or spray, which are considered smoking cessation treatments.)

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SMKLSCR2]  
<2,R,D> [goto VIGNO]
**Question ID:** AHB.085_00.100  **Instrument Variable Name:** SMKLSCR2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you NOW use smokeless tobacco products every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have ever used smokeless tobacco products

**SkipInstructions:** <1-3,R,D> [goto VIGNO]

---

**Question ID:** AHB.090_01.000  **Instrument Variable Name:** VIGNO  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter ‘996’ if unable to do this type of activity.

000 Never
001-995 1-995 time(s)
996 Unable to do this type activity
997 Refused
999 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0,996,R,D>[goto MODNO]  <1-995>[goto VIGTP]
**Question ID:** AHB.090_02.000  **Instrument Variable Name:** VIGTP  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

* Enter time period for vigorous leisure-time physical activities.

0  Never
1  Per day
2  Per week
3  Per month
4  Per year
6  Unable to do this activity
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who do vigorous activities

**SkipInstructions:**

<1-4> goto VIGLNGNO

[if (VIGNO gt <4> and VIGTP eq <1>) or
  (VIGNO gt <28> and VIGTP eq <2>) or
  (VIGNO gt <31> and VIGTP eq <3>) or
  (VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]

**Soft Edit:** ERR1_VIGTP

* [Fill1: VIGNO] times per [Fill2: VIGTP] is unusually high.
* Please verify.

---

**Question ID:** AHB.100_01.000  **Instrument Variable Name:** VIGLNGNO  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

001-995  1-995
997  Refused
999  Don’t know

**UniverseText:** Sample adults 18+ who do vigorous activities

**SkipInstructions:**

<1-995>[goto VIGLNGTP]

<R,D>[goto MODNO]
Question ID: AHB.100_02.000  Instrument Variable Name: VIGLNGTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for length of vigorous leisure-time physical activities.

1  Minutes
2  Hours
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1,2>goto MODNO
if VIGLNGNO lt <10> and VIGLNGTP eq <1> goto ERR1_VIGLNGTP;
if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto ERR2_VIGLNGTP

Hard Edit: ERR1_VIGLNGTP
* Question asked for activities lasting at least 10 minutes.
* Please correct.

Soft Edit: ERR2_VIGLNGTP
* [Fill1: VIGLNGNO] [fill2: VIGLNGTP] is unusually high.
* Please verify.

Question ID: AHB.110_01.000  Instrument Variable Name: MODNO  QuestionnaireFileName: Sample Adult

QuestionText: How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?
* Enter number of light or moderate leisure-time physical activities.
* Enter ‘0’ for Never.
* Enter ‘996’ if unable to do this type of activity.

000  Never
001-995 1-995 time(s)
996  Unable to do this type activity
997  Refused
999  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto MODTP]
<0, 996, R,D>[goto STRNGNO]
<table>
<thead>
<tr>
<th>Question ID: AHB.110_02.000</th>
<th>Instrument Variable Name: MODTP</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: 2 of 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter time period for light or moderate leisure-time physical activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Per week</td>
<td></td>
<td></td>
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<tr>
<td>3 Per month</td>
<td></td>
<td></td>
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<tr>
<td>4 Per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Unable to do this activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who do light or moderate activities

**SkipInstructions:**
<1-4> goto MODLNGNO

```plaintext
[if (MODNO gt <4> and MODTP eq <1>) or
  (MODNO gt <28> and MODTP eq <2>) or
  (MODNO gt <31> and MODTP eq <3>) or
  (MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO
```

**Soft Edit:**

ERR_MODNO

* [Fill1: MODNO] times per [fill2: MODTP] is unusually high.
* Please verify.

---

<table>
<thead>
<tr>
<th>Question ID: AHB.120_01.000</th>
<th>Instrument Variable Name: MODLNGNO</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: 1 of 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>About how long do you do these light or moderate leisure-time physical activities each time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter number for length of light or moderate leisure-time physical activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>001-995</td>
<td>1-995</td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who do light or moderate activities

**SkipInstructions:**
<1-995>[goto MODLNGTP]
<R,D>[goto STRNGNO]
Question ID: AHB.120_02.000  Instrument Variable Name: MODLNGTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for length of light or moderate leisure-time physical activities.

1 Minutes
2 Hours
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1,2> goto STRNGNO

if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTP

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2> goto ERR2_MODLNGTP

Hard Edit: ERR1_MODLNGTP

* Question asked for activities lasting at least 10 minutes.
* Please correct.

Soft Edit: ERR2_MODLNGTP

* [Fill1: MODLNGNO] [Fill2: MODLNGTP] is unusually high.
* Please verify.

Question ID: AHB.130_01.000  Instrument Variable Name: STRNGNO  QuestionnaireFileName: Sample Adult

QuestionText: How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

000 Never
001-995 1-995 time(s)
996 Unable to do this type activity
997 Refused
999 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto STRNGTP]
<0, 996,R,D>[goto ALC1YR]
**Question ID:** AHB.130_02.000  **Instrument Variable Name:** STRNGTP  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

* Enter time period for strengthening activities

0  Never
1  Per day
2  Per week
3  Per month
4  Per year
6  Unable to do this activity
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who do strengthening activities

**SkipInstructions:**

<1-4> [goto ALC1YR]

[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto ERR_STRNGTP]

**Soft Edit:**

ERR_STRNGTP

* [Fill1: STRNGNO] times per [Fill2: STRNGTP] is unusually high.
  * Please verify.

---

**Question ID:** AHB.140_00.000  **Instrument Variable Name:** ALC1YR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:**

<1> [goto ALC12MNO]

<2,R,D> [goto ALCLIFE]
In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

1. Yes
2. No
7. Refused
9. Don't know

Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

000 Never
001-365 1-365 days
997 Refused
999 Don't know

Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life
**Question ID:** AHB.160_02.000  **Instrument Variable Name:** ALC12MTP  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

* Enter time period for how often alcoholic beverages were consumed in the past year.

0  Never/None  
1  Week  
2  Month  
3  Year  
7  Refused  
9  Don’t know

**UniverseText:** Sample adults 18+ who drank at least once in the past year

**SkipInstructions:**

<1-3> [goto ALCAMT]

[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or (ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]

**Hard Edit:**

ERR_ALC12MTP

* [Fill1: ALC12MNO] days per [Fill2: ALC12MTP] exceeds number possible in this time period.  
* Please correct.

---

**Question ID:** AHB.170_00.000  **Instrument Variable Name:** ALCAMT  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

* Enter ‘1’ if less than 1 drink.  
* Enter ‘95’ if 95 or more drinks.

01-94  1-94 drinks  
95  95+ drinks  
97  Refused  
99  Don’t know

**UniverseText:** Sample adults 18+ who have had at least 1 drink in the past year

**SkipInstructions:**

<1-95,D,R>[goto ALC5UPNO]  
<10-95>[goto ERR_ALCAMT]

**Soft Edit:**

ERR_ALCAMT

* [Fill: ALCAMT] drinks is an unusually high number.  
* Please verify.  
* Do not probe
In the PAST YEAR, on how many DAYS did you have [fill: 5 or more/4 or more] drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have [fill: 5 or more/4 or more] drinks in a single day?

* Enter number of days.

* Enter '0' for Never/None.

000 Never/None
001-365 1-365 days
997 Refused
999 Don't know

Sample adults 18+ who have had at least 1 drink in the past year

<1-365>[goto ALC5UPTP]
<0,R,D>[goto AHGT_FT]
**Question ID:** AHB.180_02.000  
**Instrument Variable Name:** ALC5UPTP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

* Enter time period for days per week, per month or per year.

- **0** Never/None
- **1** Per week
- **2** Per month
- **3** Per year
- **7** Refused
- **9** Don't know

**UniverseText:** Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

**SkipInstructions:**

<1-3> [goto BINGE1]  
[If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or  
(ALC5UPNO gt <31> & ALC5UPTP = <2>) or  
(ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP  
[if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) it number of days per  
year with 5 or more (for males)/4+ (females) drinks (calculated from ALC5UPNO and ALC5UPTP)] goto  
ERR2_ALC5UPTP]

**Hard Edit:**

ERR1_ALC5UPTP  
* [Fill1: ALC5UPNO] days per [Fill2: ALC5UPTP] exceeds number possible in this time period.  
* Please correct  
ERR2_ALC5UPTP  
* Number of days had [fill: 5 or more/4 or more] drinks exceeds number of days drank.  
* Please correct.  
* Do not probe.

---

**Question ID:** AHB.181_00.000  
**Instrument Variable Name:** BINGE1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]  
Considering all types of alcoholic beverages, DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks on an occasion?  
* Enter '0' if none.  
* Enter '60' if 60 or more times.

- **00-60** 0-60  
- **97** Refused  
- **99** Don't know

**UniverseText:** Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

**SkipInstructions:** <0-60,R,D> [goto AHGT_FT]
### Question ID: AHB.190_01.000  Instrument Variable Name: AHGT_FT  QuestionnaireFileName: Sample Adult

**QuestionText:** How tall are you without shoes?

- Enter "M" to record metric measurements

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-7</td>
<td>2-7 feet</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:**

- <2-7> [goto AHGT_IN]
- <R,D> [goto AWGT_LB]
- <M> [goto AHGT_M]
  - [if AHGT_FT NE<2-7,R,D,M> goto ERR1_AHGT_FT]
  - [if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

**Hard Edit:** ERR1_AHGT_FT

- Only 2-7, Don't Know/Refused or M allowed in this field.
- Please correct.

**Soft Edit:** ERR2_AHGT_FT

- Respondent's height in feet is [fill: AHGT_FT]?
- Please verify.

### Question ID: AHB.190_02.000  Instrument Variable Name: AHGT_IN  QuestionnaireFileName: Sample Adult

**QuestionText:** How tall are you without shoes?

- Enter '0' if exactly [fill1: AHGT_FT] feet tall.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-11</td>
<td>0-11 inches</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who answered their height in feet

**SkipInstructions:**

- <empty> goto ERR_AHGT_IN
- <0-11,R,D> if (SEX = '1' and (AHTINCH lt '61' or AHTINCH gt '75')) or (SEX = '2' and (AHTINCH lt '56' or AHTINCH gt '69'))
  - goto ERR2_AHGT_IN
  - else
  - goto AWGT_LB

**Hard Edit:** ERR1_AHGT_IN

- If [fill: AHGT_FT] feet exactly, enter "0"; otherwise enter number of inches.

**Soft Edit:** ERR2_AHGT_IN

- Please verify that the height was entered correctly. Probe only if necessary.
How tall are you without shoes?

* Enter height in metric.

<table>
<thead>
<tr>
<th></th>
<th>meters</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>0-2</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Sample adults 18+ who choose to give their height in metric measurements

Skip Instructions:
<empty> goto ERR_AHGT_M
<0-2> goto AHGT_CM
<R,D> goto AWGT_LB

Hard Edit:
ERR_AHGT_M

* If height is being given in centimeters only, enter "0"; otherwise enter number of meters.

---

*Enter centimeters.

<table>
<thead>
<tr>
<th></th>
<th>centimeters</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-241</td>
<td>0-241</td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Sample adults 18+ who answered their height in meters

Skip Instructions:
<empty> goto ERR2_AHGT_CM
<0-241,R,D> if (AHGT_M eq ‘2’ and AHGT_CM gt ‘41’) or (AHGT_M eq ‘1’ and AHGT_CM gt ‘141’) goto ERR1_AHGT_CM
elseif (SEX = ‘1’ and (AHTCM lt ‘156’ or AHTCM gt ‘192’)) or (SEX = ‘2’ and (AHTCM lt ‘143’ or AHTCM gt ‘176’)) goto ERR3_AHGT_CM
else goto AWGT_LB

Hard Edit:
ERR1_AHGT_CM

* Total height exceeds maximum allowed.
* Please correct.

ERR2_AHGT_CM

* If [fill: AHGT_M] meters exactly, enter "0"; otherwise enter number of centimeters.

Soft Edit:
ERR3_AHGT_CM

* Please verify that the height was entered correctly. Probe only if necessary.
How much do you weigh without shoes?

* Enter "M" to record metric measurements
* Enter '500' for 500 pounds or more

050-500 50-500 pounds
997 Refused
999 Don't know
M Metric

Sample adults 18+

<50-500> if AWGT_LB lt '50' or AWGT_LB gt '500'
goto ERR1_AWGT_LB
elseif ((SEX = '1' and (AWGT_LB lt '113' or AWGT_LB gt '316')) or
   ((SEX = '2' and (AWGT_LB lt '96' or AWGT_LB gt '293')))
goto ERR2_AWGT_LB
elseif AHGT_FLG = '1' and AWGT_FLG = '1'
   [goto next section]
else
calculate the BMI (Body Mass Index) - See BMI spec page

<5,R,D> [goto next section]

ERR1_AWGT_LB
* Weight is out of range (50-500).
* Please correct.

ERR2_AWGT_LB
* Please verify that the weight was entered correctly. Probe only if necessary.
How much do you weigh without shoes?

* Enter weight in kilograms

023-226 23-226 kilograms

997 Refused

999 Don’t know

Sample adults 18+ who choose to give their weight in metric measurements

*Weight is out of range (23-226).
* Please correct.
Question ID: AAU.020_00.000  Instrument Variable Name: AUSUALPL  QuestionnaireFileName: Sample Adult

QuestionText: Is there a place that you USUALLY go to when you are sick or need advice about your health?

1 Yes
2 There is NO place
3 There is MORE THAN ONE place
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,3> [goto APLKIND]  
<2,R,D> [goto AHCPLKND]

Question ID: AAU.030_00.000  Instrument Variable Name: APLKIND  QuestionnaireFileName: Sample Adult

QuestionText: [Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?  
[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]

1 Clinic or health center
2 Doctor's office or HMO
3 Hospital emergency room
4 Hospital outpatient department
5 Some other place
6 Doesn't go to one place most often
7 Refused
9 Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

SkipInstructions: <1-5> [go to AHCPLROU]  
<6,R,D> [go to AHCPLKND]
Is that [fill: place from (APLKIND)] the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults aged 18+ years having a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place that they usually go to when they are sick or need advice about their health.

What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

0 Doesn't get preventive care anywhere
1 Clinic or health center
2 Doctor's office or HMO
3 Hospital emergency room
4 Hospital outpatient department
5 Some other place
6 Doesn't go to one place most often
7 Refused
9 Don't know

Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.
### Question ID: AAU.040_00.000
**Instrument Variable Name:** AHCCHGYR
**QuestionnaireFileName:** Sample Adult

**QuestionText:** At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

**SkipInstructions:** <1>[goto AHCCHGHI]
<2,R,D>[goto APRVTRYR]

---

### Question ID: AAU.050_00.000
**Instrument Variable Name:** AHCCHGHI
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Was this change for a reason related to health insurance?

1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

**SkipInstructions:** <1,2,R,D> [goto APRVTRYR]

---

### Question ID: AAU.051_00.010
**Instrument Variable Name:** APRVTRYR
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?

1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1>[goto APRVTRFD ]
<2,R,D>[goto ADRNANP]
Were you able to find a general doctor or provider who could see you?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+ who had trouble finding a provider

DURING THE PAST 12 MONTHS, were you told by a doctor’s office or clinic that they would not accept you as a new patient?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+

DURING THE PAST 12 MONTHS, were you told by a doctor’s office or clinic that they did not accept your health care coverage?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+
There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get an appointment soon enough.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+
Question ID: AAU.061_03.000  Instrument Variable Name: AHCDLY_3  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_4]

Question ID: AAU.061_04.000  Instrument Variable Name: AHCDLY_4  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...The (clinic/doctor's) office wasn't open when you could get there.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_5]
There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You didn't have transportation.

1 Yes
2 No
7 Refused
9 Don't know

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Prescription medicines.

1 Yes
2 No
7 Refused
9 Don't know
Question ID: AAU.111_02.000  Instrument Variable Name: AHCAFY_2  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_3]

Question ID: AAU.111_03.000  Instrument Variable Name: AHCAFY_3  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_4]
**Question ID:** AAU.111_04.000  **Instrument Variable Name:** AHCAFY_4  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_5]

---

**Question ID:** AAU.111_05.010  **Instrument Variable Name:** AHCAFY_5  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...To see a specialist.

1 Yes
2 No
7 Refused
9 Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_6]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

*Document Version Date: 01-Jun-18*

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.111_06.010</th>
<th>Instrument Variable Name:</th>
<th>AHCAFY_6</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
</table>
| **QuestionText:** | *Read if necessary.*  
DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?  
...Follow-up care. | | | |
| 1 | Yes | | | |
| 2 | No | | | |
| 7 | Refused | | | |
| 9 | Don’t know | | | |
| **UniverseText:** | Sample adults 18+ | | | |
| **SkipInstructions:** | <1,2,R,D>[goto AWORPAY] | | | |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AAU.113_00.010</th>
<th>Instrument Variable Name:</th>
<th>AWORPAY</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Very worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Somewhat worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not at all worried</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1-3,R,D&gt;[goto AHICOMP]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: AAU.113_00.020  Instrument Variable Name: AHICOMP  QuestionnaireFileName: Sample Adult

QuestionText: In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?

1 Better
2 Worse
3 About the same
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,3,R,D>[goto ARX12MO]

---

Question ID: AAU.126_01.010  Instrument Variable Name: ARX12MO  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto ARX12_1]
 <2,R,D>[goto ARX12_5]

---

Question ID: AAU.127_01.010  Instrument Variable Name: ARX12_1  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were any of the following true for you?

…You skipped medication doses to save money.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_2]
Question ID: AAU.127_02.010  Instrument Variable Name: ARX12_2  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You took less medicine to save money.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_3]

Question ID: AAU.127_03.010  Instrument Variable Name: ARX12_3  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You delayed filling a prescription to save money.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_4]
**Question ID:** AAU.127_04.010  **Instrument Variable Name:** ARX12_4  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You asked your doctor for a lower cost medication to save money.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who had been prescribed medication in the past 12 months

**SkipInstructions:** <1,2,R,D>[goto ARX12_5]

---

**Question ID:** AAU.127_05.010  **Instrument Variable Name:** ARX12_5  **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the following true for you?

…You bought prescription drugs from another country to save money.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto ARX12_6]
Question ID: AAU.127_06.010  Instrument Variable Name: ARX12_6  QuestionnaireFileName: Sample Adult

QuestionText:  *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You used alternative therapies to save money.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ADENLONG]

---

Question ID: AAU.135_00.000  Instrument Variable Name: ADENLONG  QuestionnaireFileName: Sample Adult

QuestionText:  (book) A8

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

0  Never
1  6 months or less
2  More than 6 mos, but not more than 1 yr ago
3  More than 1 yr, but not more than 2 yrs ago
4  More than 2 yrs, but not more than 5 yrs ago
5  More than 5 years ago
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D>[ goto AHCSY1_1]
Question ID: AAU.141_01.000  Instrument Variable Name: AHCSY1_1  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[ goto AHCSY1_2]

---

Question ID: AAU.141_02.000  Instrument Variable Name: AHCSY1_2  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...An optometrist, ophthalmologist (AHF-thal-MOL-oh-jist), or eye doctor (someone who prescribes eyeglasses).

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[ goto AHCSY1_3]
**Question ID:** AAU.141.03.000  **Instrument Variable Name:** AHCSY1_3  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:**  Sample adults 18+

**SkipInstructions:**  <1,2,R,D>[ goto AHCSY1_4]

---

**Question ID:** AAU.141.04.000  **Instrument Variable Name:** AHCSY1_4  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:**  Sample adults 18+

**SkipInstructions:**  <1,2,R,D>[ goto AHCSY1_5]
**Question ID:** AAU.141_05.000  **Instrument Variable Name:** AHCSY1_5  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read Lead-in if Necessary.*

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1_6]

---

**Question ID:** AAU.141_06.000  **Instrument Variable Name:** AHCSY1_6  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read Lead-in if Necessary.*

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[if SEX=1 goto AHCSY8_8; else if SEX=2 goto AHCSYR7]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 01-Jun-18**

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<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAU.200_00.000</td>
<td>AHCSYR7</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**Question ID:** AAU.200_00.000  
**Instrument Variable Name:** AHCSYR7  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read lead-in if necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample female adults aged 18+ years

**SkipInstructions:** <1,2,R,D> [go to AHCSY8_8]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
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<tbody>
<tr>
<td>AAU.211_01.000</td>
<td>AHCSY8_8</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**Question ID:** AAU.211_01.000  
**Instrument Variable Name:** AHCSY8_8  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [go to AHCSY8_9]
* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHCSYR10]
<2,R,D> [goto AHERNOYR]

Does that doctor treat children and adults (a doctor in general practice or family medicine)?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

SkipInstructions: <1,2,R,D> [go to AHERNOYR]
DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

00  None
01  1
02  2-3
03  4-5
04  6-7
05  8-9
06  10-12
07  13-15
08  16 or more
97  Refused
99  Don't know

Sample adults 18+

<0,R,D> [go to AHCHYR] <1-8> [goto AERVISND]
Did this emergency room visit result in a hospital admission?

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+ who had at least one ER visit in the past year

Tell me which of these apply to your last emergency room visit?

… You didn't have another place to go

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+ who had at least one ER visit in the past year

Tell me which of these apply to your last emergency room visit?

… Your doctor’s office or clinic was not open

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+ who had at least one ER visit in the past year
Tell me which of these apply to your last emergency room visit?

... Your health provider advised you to go

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS4]

Tell me which of these apply to your last emergency room visit?

... The problem was too serious for the doctor’s office or clinic

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS5]
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<tr>
<th>Question ID</th>
<th>AAU.248_05.050</th>
<th>Instrument Variable Name: AERREAS5</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText</td>
<td>*Read if necessary..Tell me which of these apply to your last emergency room visit?… Only a hospital could help you</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>Sample adults 18+ who had at least one ER visit in the past year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions</td>
<td>&lt;1,2,R,D&gt; [goto AERREAS6]</td>
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<tr>
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<th>AAU.248_06.060</th>
<th>Instrument Variable Name: AERREAS6</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText</td>
<td>*Read if necessary..Tell me which of these apply to your last emergency room visit?… the emergency room is your closest provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText</td>
<td>Sample adults 18+ who had at least one ER visit in the past year</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions</td>
<td>&lt;1,2,R,D&gt; [goto AERREAS7]</td>
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</table>
**Question ID:** AAU.248_07.070  
**Instrument Variable Name:** AERREAS7  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
*Read if necessary.*

Tell me which of these apply to your last emergency room visit?

…you get most of your care at the emergency room

1. Yes  
2. No  
7. Refused  
9. Don’t know

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [goto AERREAS8]

---

**Question ID:** AAU.248_08.080  
**Instrument Variable Name:** AERREAS8  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
*Read if necessary.*

Tell me which of these apply to your last emergency room visit?

…you arrived by ambulance or other emergency vehicle

1. Yes  
2. No  
7. Refused  
9. Don’t know

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [goto AHCHYR]
DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+

During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

01-12. 01-12 months
97. Refused
99. Don’t know

Sample adults 18+ who received home care from a health professional during the past 12 months
<table>
<thead>
<tr>
<th>Question ID: AAU.270_00.000</th>
<th>Instrument Variable Name: AHCHNOYR</th>
<th>QuestionnaireFileName: Sample Adult</th>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>(book) A10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What was the total number of home visits received during {Fill1: that month/Fill2: those months}?</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>2-3</td>
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<td>03</td>
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<td>06</td>
<td>10-12</td>
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<td>07</td>
<td>13-15</td>
<td></td>
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<tr>
<td>08</td>
<td>16 or more</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who received home care from a health professional during the past 12 months</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>(&lt;1-8,R,D&gt;[goto AHCHNOYR])</td>
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<table>
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<th>Instrument Variable Name: AHCHNOYR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>(book) A9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR’S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.</td>
<td></td>
</tr>
<tr>
<td>00</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>2-3</td>
<td></td>
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<tr>
<td>03</td>
<td>4-5</td>
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<td>04</td>
<td>6-7</td>
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<td>10-12</td>
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<tr>
<td>08</td>
<td>16 or more</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>(&lt;0-8,R,D&gt;[goto ASRGYR])</td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

1  Yes
2  No
7  Refused
9  Don't know

Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

01-94  1-94 times
95    95+ times
97    Refused
99    Don't know

* [ASRGNOYR] is an unusually large number.

* Please verify.
2017 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Jun-18

**Question ID:** AAU.305_00.000  **Instrument Variable Name:** AMDLONG  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(book) A8  ? [F1]

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

0  Never
1  6 months or less
2  More than 6 mos, but not more than 1 yr ago
3  More than 1 yr, but not more than 2 yrs ago
4  More than 2 yrs, but not more than 5 yrs ago
5  More than 5 years ago
7  Refused
9  Don’t know

**UniverseText:**  Sample adults 18+

**SkipInstructions:**  <0-5,R,D> [goto HIT1A]

---

**Question ID:** AAU.309_00.010  **Instrument Variable Name:** HIT1A  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Look up health information on the Internet.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:**  Sample adults 18+

**SkipInstructions:**  <1,2,R,D> [goto HIT2A]
DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Fill a prescription.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT3A]

…Schedule an appointment with a health care provider.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT4A]
**Question ID:** AAU.309_00.040  **Instrument Variable Name:** HIT4A  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Communicate with a health care provider by email.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto HIT5A]

---

**Question ID:** AAU.309_00.050  **Instrument Variable Name:** HIT5A  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary.*

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Use online chat groups to learn about health topics.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto FLUVACYR]
DURING THE PAST 12 MONTHS, have you had a flu vaccination? A flu vaccination is usually given in the fall and protects against influenza for the flu season.

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+ who have received a flu vaccination in the past year

Was this a shot, or was it a vaccine sprayed in the nose?

* Read if necessary: A flu shot is injected in the arm.

*Read if necessary: The flu nasal spray is called FluMist™

1. Flu shot
2. Flu nasal spray (spray, mist or drop in nose)
7. Refused
9. Don’t know
During what month and year did you receive your most recent flu vaccination?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
97 Refused
99 Don't know

Sample adults 18+ who have had a flu vaccination in the past 12 months, regardless of type

<1-12,D> [ goto FLUVAC_Y]
<R> if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=1-3,8-12 [goto FLUSHPG1];
else if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];
else [goto SHTPNUYR]
### 2017 NHIS Questionnaire - Sample Adult

**Adult Access to Health Care & Utilization**

**Document Version Date:** 01-Jun-18

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<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
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<tbody>
<tr>
<td>AAU.312_02.000</td>
<td>FLUVAC_Y</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**QuestionText:**

> Enter year of most recent flu vaccination.

<table>
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<tr>
<th>Year</th>
<th>Refused</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>9997</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
<tr>
<td>9999</td>
<td>Refused</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who gave a month for their last flu vaccination or who didn’t know the month

**SkipInstructions:**

- \(<\text{valid year,R,D}> \text{ if FLUVACTP=1 and PREGNOW=1 and INTERVIEW\_MONTH=1-3,8-12} \text{ goto FLUSHPG1}\);  
- \(\text{ else if FLUVACTP=1 and PREGNOW=1 and INTERVIEW\_MONTH=4-7 or PREGFLYR=1} \text{ goto FLUSHPG2}\);  
- \(\text{ else goto SHTPNUYR}\)

#### ERR1_FLUVAC_Y

*Future date invalid

#### ERR2_FLUVAC_Y

*Date before birth

#### ERR3_FLUVAC_Y

*Date more than 12 months ago

---

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAU.313_00.000</td>
<td>FLUSHPG1</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**QuestionText:**

Did you get a flu shot before or during your current pregnancy?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before this pregnancy</td>
</tr>
<tr>
<td>2</td>
<td>During this pregnancy</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Female sample adults 18-49 who are currently pregnant and are interviewed January-March or August-December and received a flu shot in the past 12 months

**SkipInstructions:** \(<\text{1-3,R,D}> \text{ goto SHTPNUYR}\)
Question ID: AAU.314_00.000  Instrument Variable Name: FLUSHPG2  QuestionnaireFileName: Sample Adult

QuestionText:

[Fill1: Earlier you said you were pregnant sometime since August 1st, [last year]. Did you get a flu shot before, during or after this pregnancy?]

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?

1  Before this pregnancy
2  During this pregnancy
3  After this pregnancy
7  Refused
9  Don't know

UniverseText: Female sample adults 18-49 who are currently pregnant and were interviewed April-July or who have been determined to be pregnant at a specific point in the past year and received a flu shot in the past 12 months

SkipInstructions: <1-3,R,D> [goto SHTPNUYR]

Question ID: AAU.320_00.000  Instrument Variable Name: SHTPNUYR  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto APOX]
2017 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 01-Jun-18

<table>
<thead>
<tr>
<th>Question ID: AAU.330_00.000</th>
<th>Instrument Variable Name: APOX</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Have you EVER had chickenpox?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1&gt; [goto APOX12MO] &lt;2,R,D&gt; [goto AHEP]</td>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Question ID: AAU.340_00.000</th>
<th>Instrument Variable Name: APOX12MO</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Have you had chickenpox in the PAST 12 MONTHS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who have ever had chickenpox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto AHEP]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AAU.350_00.000</th>
<th>Instrument Variable Name: AHEP</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Have you EVER had hepatitis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1&gt; [goto AHEPBTST] &lt;2,R,D&gt; [goto AHEPLIV]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Have you ever lived with someone who had hepatitis?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

Have you ever had a blood test for hepatitis B?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+

Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+

<1> [goto SHEPDOS]
<2,R,D> [goto SHTHEPA]
**Question ID:** AAU.380_00.000  **Instrument Variable Name:** SHEPDOS  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1  Received at least 3 doses  
2  Received less than 3 doses  
7  Refused  
9  Don’t know

**UniverseText:** Sample adults 18+ who have ever received the Hepatitis B vaccine

**SkipInstructions:** <1,2,R,D> [goto SHTHEPA]

---

**Question ID:** AAU.390_00.010  **Instrument Variable Name:** SHTHEPA  **QuestionnaireFileName:** Sample Adult

**QuestionText:** The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

1  Yes  
2  No  
7  Refused  
9  Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> goto SHEPANUM  
<2,R,D> [goto AHEPCTST]

---

**Question ID:** AAU.400_00.010  **Instrument Variable Name:** SHEPANUM  **QuestionnaireFileName:** Sample Adult

**QuestionText:** How many hepatitis A shots did you receive?

*Enter '96' if all shots were received*

01-95 01-95 shots  
96  Received all shots  
97  Refused  
99  Don’t know

**UniverseText:** Sample adults 18+ who have had a hepatitis A vaccine

**SkipInstructions:** <1-95,96,R,D> [goto AHEPCTST]
### Question ID: AAU.405_00.010
**Instrument Variable Name:** AHEPCTST  
**QuestionnaireFileName:** Sample Adult

#### QuestionText:
Have you ever had a blood test for hepatitis C?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:**
- <1> [goto AHEPCRES]
- <2,R,D> if AGE GE 50 [goto SHINGLES]
  - elseif AGE LT 50 [goto SHTTD]

---

### Question ID: AAU.405_00.020
**Instrument Variable Name:** AHEPCRES  
**QuestionnaireFileName:** Sample Adult

#### QuestionText:
What is the MAIN reason you were tested for hepatitis C? Was it because...

*Read answer categories below.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>You or your doctor thought you were at risk of having hepatitis C because a blood test or symptoms like fatigue, nausea, stomach pain, yellowing of the eyes or skin indicated you might have liver disease</td>
</tr>
<tr>
<td>2</td>
<td>You were born from 1945 through 1965</td>
</tr>
<tr>
<td>3</td>
<td>You were at risk of hepatitis C infection due to exposure to blood on your job, injection drug use or receipt of transfusion before 1992</td>
</tr>
<tr>
<td>4</td>
<td>Some other reason</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have had a blood test for hepatitis C

**SkipInstructions:**
- <1-4,R,D> if AGE GE 50 [goto SHINGLES];
  - elseif AGE LT 50 [goto SHTTD]
Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

1 Yes
2 No
7 Refused
9 Don't know

Have you received a tetanus shot in the past 10 years?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 50+

<1,2,R,D> [goto SHTTD]

Sample adults 18+

<1> [goto SHTTDAP ]
<2,R,D> and AGE >64 [goto LIVEV]
Else if <2,R,D> and AGE<65 [goto SHTHPV2]
There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark) or Boostrix (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did your health care provider tell you or did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark) or BOOSTRIX (trademark).

1. Yes-included pertussis
2. No-did not include pertussis
3. Doctor did not say
7. Refused
9. Don't know

Sample adults 18+ who have had a tetanus shot in the past 10 years

Have you ever received an HPV shot or vaccine?

*HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

*The vaccines are sometimes called CERVARIX (trademark) or GARDASIL (trademark).

1. Yes
2. No
3. Doctor refused when asked
7. Refused
9. Don't know

Sample adults LE 64
Question ID: AAU.448_00.010  Instrument Variable Name: SHHPVDOS  QuestionnaireFileName: Sample Adult

QuestionText: How many HPV shots did you receive?
* Enter '50' if 50 or more shots
* Enter '96' for all shots

- 01-49: 1-49 shots
- 50: 50+ shots
- 96: All shots
- 97: Refused
- 99: Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

SkipInstructions: <1-50,96,R,D> [goto AHPVAGE]  
<51-95> [goto ERR_SHHPVDOS]

Hard Edit: ERR_SHHPVDOS
* Shots should be in the range 1-50 or 96 for all shots.
* Please correct.

---

Question ID: AAU.449_00.010  Instrument Variable Name: AHPVAGE  QuestionnaireFileName: Sample Adult

QuestionText: How old were you when you received your first HPV shot?

- 008-064: 8-64 years
- 997: Refused
- 999: Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

SkipInstructions: <8-120,R,D> [goto LIVEV]
**Question ID:** AAU.450_00.010  **Instrument Variable Name:** LIVEV  **QuestionnaireFileName:** Sample Adult

**Question Text:** Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto TRAVEL]

---

**Question ID:** AAU.460_00.010  **Instrument Variable Name:** TRAVEL  **QuestionnaireFileName:** Sample Adult

**Question Text:** Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto WRKHLTH]

---

**Question ID:** AAU.465_00.010  **Instrument Variable Name:** WRKHLTH  **QuestionnaireFileName:** Sample Adult

**Question Text:** Do you currently volunteer or work in a hospital, medical clinic, doctor’s office, dentist’s office, nursing home or some other health-care facility? This includes emergency responders and public safety personnel, part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

*Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto WRKDIR] <2,R,D> [goto APSBPCHK]
Question ID: AAU.470_00.010  Instrument Variable Name: WRKDIR  QuestionnaireFileName: Sample Adult

QuestionText: Do you provide direct patient care as part of your routine work? By direct patient care we mean PHYSICAL OR HANDS ON CONTACT WITH PATIENTS.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who work or volunteer in a health-care setting

SkipInstructions: <1,2,R,D> [goto APSBPCHK]

Question ID: AAU.500_00.010  Instrument Variable Name: APSBPCHK  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood pressure checked by a doctor, nurse, or other health professional?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto APSCHCHK]

Question ID: AAU.510_00.010  Instrument Variable Name: APSCHCHK  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood cholesterol checked by a doctor, nurse, or other health professional?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto APSBSCHK]
Question ID: AAU.520_00.010  Instrument Variable Name: APSBSCHK  QuestionnaireFileName: Sample Adult

QuestionText: Have you had a fasting test for high blood sugar or diabetes DURING THE PAST 12 MONTHS?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SEX=1 and AGE GE 40 [goto APSCOL]
Else if SEX=1 and AGE < 40 [goto APSDIET]
Else if SEX=2 [goto APSPAP]

Question ID: AAU.530_00.010  Instrument Variable Name: APSPAP  QuestionnaireFileName: Sample Adult

QuestionText: Have you had a Pap smear or Pap test DURING THE PAST 12 MONTHS?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Female sample adults 18+

SkipInstructions: <1,2,R,D> if AGE GE 30 [goto APMAM]; else if AGE<30 [goto APSDIET]
<table>
<thead>
<tr>
<th>Question ID: AAU.540_00.010</th>
<th>Instrument Variable Name: APSMAM</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Have you had a Mammogram DURING THE PAST 12 MONTHS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A mammogram is an x-ray of each breast to look for breast cancer.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Female sample adults 30+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; if AGE GE 40 [goto APSCOL]; else if AGE&lt;40 [goto APSDIET]</td>
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<td></td>
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<table>
<thead>
<tr>
<th>Question ID: AAU.550_00.010</th>
<th>Instrument Variable Name: APSCOL</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: DURING THE PAST 12 MONTHS, have you had any test done for colon cancer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Read if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.</td>
<td></td>
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</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 40+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto APSDIET]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: AAU.560_00.010  Instrument Variable Name: APSDIET  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your diet?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SMKNOW in ('1','2') [goto APSSMKC]; else [goto AINDINS]

---

Question ID: AAU.570_00.010  Instrument Variable Name: APSSMKC  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your smoking?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ currently who smoke every day or some days

SkipInstructions: <1,2,R,D> [goto AINDINS]

---

Question ID: AAU.600_00.010  Instrument Variable Name: AINDINS  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 3 YEARS, did you try to purchase health insurance directly, that is, not through any employer, union, or government program?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AINDPRCH]
<2,R,D> if age LT 65 [goto AEXCHNG]; else age GE 65 and AMDLONG=1,2 [goto CLAS1]; else [goto next section]
Question ID: AAU.600_00.020  Instrument Variable Name: AINDPRCH  QuestionnaireFileName: Sample Adult

**QuestionText:** Was a plan purchased?

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who tried to purchase health insurance directly in the past 3 years

**SkipInstructions:** <1> [goto AINDWHO]
                   <2,R,D> if age LT 65 [goto AEXCHNG];
                   else if AMDLONG=1,2 [goto CLAS1]; else [goto next section]

---

Question ID: AAU.600_00.030  Instrument Variable Name: AINDWHO  QuestionnaireFileName: Sample Adult

**QuestionText:** Was this plan for yourself, someone else in your family, or both?

1  Self
2  Someone else in family
3  Both
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who purchased health insurance directly in the past 3 years

**SkipInstructions:** <1-3,R,D> [goto AINDDIF1]
Question ID: AAU.600_00.040  
**Instrument Variable Name:** AINDDIF1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How difficult was it to find a plan with the type of coverage you needed? Would you say…

*Read categories below.

1. Very difficult
2. Somewhat difficult
3. Not at all difficult
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+ who purchased health insurance directly in the past 3 years

**SkipInstructions:** <1-3,R,D> [goto AINDDIF2]

---

Question ID: AAU.600_00.050  
**Instrument Variable Name:** AINDDIF2  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How difficult was it to find a plan you could afford? Would you say…

*Read categories below.

1. Very difficult
2. Somewhat difficult
3. Not at all difficult
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+ who purchased health insurance directly in the past 3 years

**SkipInstructions:** <1-3,R,D> if age LT 65 [goto AEXCHNG];
else if AMDLONG=1,2 [goto CLAS1]; else [goto next section]
### Question ID: AAU.605_00.010  Instrument Variable Name: AEXCHNG  QuestionnaireFileName: Sample Adult

**Question Text:** Have you looked into purchasing health insurance coverage through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

1. Yes
2. No
7. Refused
9. Don’t know

**Universe Text:** Sample adults LT 65 years

**Skip Instructions:** <1,2,R,D> if AMDLONG=1,2 [goto CLAS1]; else [goto next section]

### Question ID: AAU.610_00.010  Instrument Variable Name: CLAS1  QuestionnaireFileName: Sample Adult

**Question Text:** The following questions are about your experiences with health care providers in the past year.

Some people think it is important for their providers to understand or share their race or ethnicity or gender or religion or beliefs or native language. How important is it to you that your health care providers understand or are similar to you in any of these ways? Would you say...

*Read answer categories below.*

1. Very important
2. Somewhat important
3. Slightly important
4. Not important at all
7. Refused
9. Don’t know

**Universe Text:** Sample adults 18+ who have seen a doctor or other health professional in the past year

**Skip Instructions:** <1,2,3> [goto CLAS2]  
<4,R,D> [goto CLAS3]
<table>
<thead>
<tr>
<th>Question ID: AAU.610_00.020</th>
<th>Instrument Variable Name: CLAS2</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question Text: How often were you able to see health care providers who were similar to you in any of these ways? Would you say…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Read answer categories below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Always</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Most of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Some of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 None of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universe Text: Sample adults 18+ who have seen a doctor or other health professional in the past year and think it is at least slightly important that health care providers share a culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skip Instructions: &lt;1-4,R,D&gt; [goto CLAS3]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AAU.610_00.030</th>
<th>Instrument Variable Name: CLAS3</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question Text: How often were you treated with respect by your health care providers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you say…</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Read answer categories.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Always</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Most of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Some of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 None of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
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<tr>
<td>Universe Text: Sample adults 18+ who have seen a doctor or other health professional in the past year</td>
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<tr>
<td>Skip Instructions: &lt;1-4,R,D&gt; [goto CLAS4]</td>
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</table>
2017 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Jun-18

Question ID: AAU.610_00.040  Instrument Variable Name: CLAS4  QuestionnaireFileName: Sample Adult

QuestionText: How often did your health care providers ask for your opinions or beliefs about your medical care or treatment? For example, what kind of tests, procedures, or medications you prefer. Would you say…

*Read answer categories below if necessary.

1 Always
2 Most of the time
3 Some of the time
4 None of the time
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who have seen a doctor or other health professional in the past year

SkipInstructions: <1-4,R,D> [goto CLAS5]

Question ID: AAU.610_00.050  Instrument Variable Name: CLAS5  QuestionnaireFileName: Sample Adult

QuestionText: How often did your health care providers tell or give you information about your health and health care that was easy to understand?

Would you say…

*Read answer categories below if necessary.

1 Always
2 Most of the time
3 Some of the time
4 None of the time
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who have seen a doctor or other health professional in the past year

SkipInstructions: <1-4,R,D> [goto next section]
**Question ID:** ASI.005_00.000  **Instrument Variable Name:** ASIINTRO  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
*You are about to enter the Sexual Identity and Lifestyle questions section. This section includes questions on computer use, the respondent’s neighborhood, sexual identity, financial worries, mental health, and HIV testing.*

*Enter 1 to Continue.*

1  Continue

**UniverseText:** Sample adults 18+

**SkipInstructions:**<1> goto ACICPUSE

---

**Question ID:** ASI.130_00.000  **Instrument Variable Name:** ACICPUSE  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
These questions are about you and your neighborhood.

How often do you use a computer?

*Read answer categories.

1  Never or almost never
2  Some days
3  Most days
4  Every day
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:**<1-4,R,D> [goto ACISATHC]
### Question ID: ASI.140_00.000  Instrument Variable Name: ACISATHC  QuestionnaireFileName: Sample Adult

**QuestionText:** In general, how satisfied are you with the health care you received in the past 12 months?

*Read answer categories.*

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied
5. You haven’t had health care in the past 12 months
6. Refused
7. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<1-5,R,D> [goto ACITENUR]`

---

### Question ID: ASI.150_00.000  Instrument Variable Name: ACITENUR  QuestionnaireFileName: Sample Adult

**QuestionText:** About how long have you lived in your present neighborhood?

1. Less than 1 year
2. 1-3 years
3. 4-10 years
4. 11-20 years
5. More than 20 years
6. Refused
7. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<1-5,R,D> [goto ACINHELP]`
### 2017 NHIS Questionnaire - Sample Adult

**Adult Selected Items**

**Document Version Date:** 01-Jun-18

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
</table>
| ASI.160_00.000       | ACINHELP                  | Sample Adult          | How much do you agree or disagree with the following statements about your neighborhood?  
People in this neighborhood help each other out.  
Would you say…  
*Read answer categories.*  
1. Definitely agree  
2. Somewhat agree  
3. Somewhat disagree  
4. Definitely disagree  
7. Refused  
9. Don’t know |

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACINCNTO]

<table>
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<tr>
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<th>QuestionText</th>
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</table>
| ASI.170_00.000       | ACINCNTO                  | Sample Adult          | *Read if necessary.*  
How much do you agree or disagree with the following statements about your neighborhood?  
There are people I can count on in this neighborhood.  
Would you say…  
*Read answer categories if necessary.*  
1. Definitely agree  
2. Somewhat agree  
3. Somewhat disagree  
4. Definitely disagree  
7. Refused  
9. Don’t know |

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACINSTRU]
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How much do you agree or disagree with the following statements about your neighborhood?</td>
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<tr>
<td></td>
<td>People in this neighborhood can be trusted.</td>
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<td>Would you say…</td>
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<td></td>
<td>*Read answer categories if necessary.</td>
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</tr>
<tr>
<td>1</td>
<td>Definitely agree</td>
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<td>2</td>
<td>Somewhat agree</td>
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<td>3</td>
<td>Somewhat disagree</td>
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<tr>
<td>4</td>
<td>Definitely disagree</td>
<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
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<td>&lt;1-4,R,D&gt; [goto ACINKNT]</td>
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<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>*Read if necessary.</td>
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<tr>
<td></td>
<td>How much do you agree or disagree with the following statements about your neighborhood?</td>
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<tr>
<td></td>
<td>This is a close-knit neighborhood.</td>
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<td></td>
<td>Would you say…</td>
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<td></td>
<td>*Read answer categories if necessary.</td>
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<tr>
<td>1</td>
<td>Definitely agree</td>
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<td>2</td>
<td>Somewhat agree</td>
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<td>3</td>
<td>Somewhat disagree</td>
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<td>4</td>
<td>Definitely disagree</td>
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<td>Sample adults 18+</td>
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<td>&lt;1-4,R,D&gt;</td>
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<tr>
<td></td>
<td>[if SEX=1, goto ACISIM; elseif SEX=2, goto ACISIF]</td>
<td></td>
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</tbody>
</table>
Question ID: ASI.220_00.000  Instrument Variable Name: ACISIM  QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI1

Which of the following best represents how you think of yourself?

1. Gay
2. Straight, that is, not gay
3. Bisexual
4. Something else
5. I don't know the answer
6. Refused

UniverseText: Male sample adults 18+

SkipInstructions: <1-5,R> [goto ACIRETR]

Question ID: ASI.240_00.000  Instrument Variable Name: ACISIF  QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI2

Which of the following best represents how you think of yourself?

1. Lesbian or gay
2. Straight, that is, not lesbian or gay
3. Bisexual
4. Something else
5. I don't know the answer
6. Refused

UniverseText: Female sample adults 18+

SkipInstructions: <1-5,R> [goto ACIRETR]
The next questions ask how worried you are right now about financial matters.

How worried are you right now about not having enough money for retirement? Are you…

*Read answer categories.

1 Very worried
2 Moderately worried
3 Not too worried
4 Not worried at all
7 Refused
9 Don’t know

Sample adults 18+

How worried are you right now about not being able to pay medical costs of a serious illness or accident? Are you…

*Read answer categories if necessary.

1 Very worried
2 Moderately worried
3 Not too worried
4 Not worried at all
7 Refused
9 Don’t know

Sample adults 18+
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ASI.280_00.000</th>
<th>Instrument Variable Name:</th>
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<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>How worried are you right now about not being able to maintain the standard of living you enjoy? Are you…</td>
<td>*Read answer categories if necessary.</td>
<td>1</td>
<td>Very worried</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>2</td>
<td>Moderately worried</td>
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<td>3</td>
<td>Not too worried</td>
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<td>4</td>
<td>Not worried at all</td>
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<td>QuestionText:</td>
<td>How worried are you right now about not being able to pay medical costs for normal healthcare? Are you…</td>
<td>*Read answer categories if necessary.</td>
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<tr>
<td><strong>QuestionText:</strong></td>
<td>How worried are you right now about not having enough money to pay for your children's college? Are you…</td>
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<td></td>
<td>*Read answer categories if necessary.</td>
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<tr>
<td>1</td>
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<td>3</td>
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<td>4</td>
<td>Not worried at all</td>
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<tr>
<td>5</td>
<td>This does not apply to me</td>
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<td><strong>QuestionText:</strong></td>
<td>How worried are you right now about not having enough to pay your normal monthly bills? Are you…</td>
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<td>*Read answer categories if necessary.</td>
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<tr>
<td>1</td>
<td>Very worried</td>
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<td>Moderately worried</td>
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<tr>
<td>QuestionText:</td>
<td>How worried are you right now about not being able to pay your rent, mortgage, or other housing costs? Are you…</td>
<td>*Read answer categories if necessary.</td>
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<tr>
<td>1</td>
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UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACICCMP]

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<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>How worried are you right now about not being able to make the minimum payments on your credit cards? Are you…</td>
<td>*Read answer categories if necessary.</td>
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<tr>
<td>1</td>
<td>Very worried</td>
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<tr>
<td>2</td>
<td>Moderately worried</td>
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<td>5</td>
<td>I don't have credit cards</td>
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<td>Don't know</td>
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</table>

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACISLEEP]
**Question ID:** ASI.340_00.000  **Instrument Variable Name:** ACISLEEP  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

On average, how many hours of sleep do you get in a 24-hour period?

*Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.

- **01-24**
  - 1-24 hours
- **97**
  - Refused
- **99**
  - Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:**

<1-5>[goto ERR_SLEEP];
<1-24, R,D>[goto ACISLPFL]

**Soft Edit:**

*Average number of hours of sleep is [ACISLEEP].
* Please verify.

---

**Question ID:** ASI.350_00.000  **Instrument Variable Name:** ACISLPFL  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

In the past week, how many times did you have trouble falling asleep?

*Enter ‘0’ if respondent did not have trouble falling asleep in the past week.

*Enter ‘7’ for 7 or more times.

- **00**
  - Did not have trouble falling asleep in the past week
- **01-06**
  - 1-6 times
- **07**
  - 7 or more times
- **97**
  - Refused
- **99**
  - Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:**

<0-7,R,D> [goto ACISLPST]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date:** 01-Jun-18

<table>
<thead>
<tr>
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<th>ASI.360_00.000</th>
<th>Instrument Variable Name:</th>
<th>ACISLPST</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>In the past week, how many times did you have trouble staying asleep?</td>
<td></td>
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<tr>
<td></td>
<td>*Enter '0' if respondent did not have trouble staying asleep in the past week.</td>
<td></td>
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<tr>
<td></td>
<td>*Enter '7' for 7 or more times.</td>
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<tr>
<td>00</td>
<td>Did not have trouble staying asleep in the past week</td>
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<tr>
<td>01-06</td>
<td>1-6 times</td>
<td></td>
<td></td>
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<tr>
<td>07</td>
<td>7 or more times</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| UniverseText: | Sample adults 18+ |
| SkipInstructions: | <0-7,R,D> [goto ACISLPMD] |

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ASI.370_00.000</th>
<th>Instrument Variable Name:</th>
<th>ACISLPMD</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>In the past week, how many times did you take medication to help you fall asleep or stay asleep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Enter '0' if respondent did not take medication to help sleep in the past week.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>*Enter '7' for 7 or more times.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>00</td>
<td>Did not take medication to help sleep in the past week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-06</td>
<td>1-6 times</td>
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<td>07</td>
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</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
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</tr>
</tbody>
</table>

| UniverseText: | Sample adults 18+ |
| SkipInstructions: | <0-7,R,D> [goto ACIREST] |
Question ID: ASI.380_00.000  Instrument Variable Name: ACIREST  QuestionnaireFileName: Sample Adult

QuestionText: In the past week, on how many days did you wake up feeling well rested?

*Enter '0' if respondent never felt well rested in the past week.

00 Never felt rested in the past week
01-07 1-7 days
97 Refused
99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto MHSAD_CK]

---

Question ID: ASI.390_00.000  Instrument Variable Name: MHSAD_CK  QuestionnaireFileName: Sample Adult

QuestionText: Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

1 Enter 1 to continue

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACISAD]

---

Question ID: ASI.390_01.000  Instrument Variable Name: ACISAD  QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5

DURING THE PAST 30 DAYS, how often did you feel

...So sad that nothing could cheer you up?

1 ALL of the time
2 MOST of the time
3 SOME of the time
4 A LITTLE of the time
5 NONE of the time
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACINERV]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

*Document Version Date: 01-Jun-18*

---

**Question ID:** ASI.390_02.000  **Instrument Variable Name:** ACINERV  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(Read if necessary)

During the PAST 30 DAYS, how often did you feel

...Nervous?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIRSTLS]

---

**Question ID:** ASI.390_03.000  **Instrument Variable Name:** ACIRSTLS  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(Read if necessary)

During the PAST 30 DAYS, how often did you feel

...Restless or fidgety?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
6. Refused
7. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIHOPLS]
**Question ID:** ASI.390_04.000  **Instrument Variable Name:** ACIHOPLS  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(BOOK) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel...

Hopeless?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIEFFRT]

---

**Question ID:** ASI.390_05.000  **Instrument Variable Name:** ACIEFFRT  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

(BOOK) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel...

That everything was an effort?

1. ALL of the time
2. MOST of the time
3. SOME of the time
4. A LITTLE of the time
5. NONE of the time
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIWTHLS]
Question ID: ASI.390_06.000  Instrument Variable Name: ACIWHLS  QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel ...Worthless?

1 ALL of the time
2 MOST of the time
3 SOME of the time
4 A LITTLE of the time
5 NONE of the time
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D>
if ACISAD or ACINERV or ACIRSTLS or ACIHOPLS or ACIEFFRT or ACIWHLS=1-3 [goto ACIMUCH];
else [goto ACIHIVT]

---

Question ID: ASI.400_00.000  Instrument Variable Name: ACIMUCH  QuestionnaireFileName: Sample Adult

QuestionText: We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

1 A lot
2 Some
3 A little
4 Not at all
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days

SkipInstructions: <1-4,R,D> [goto ACIHIVT]
The next question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

01 It's unlikely you've been exposed to HIV
02 You were afraid to find out if you were HIV positive (that you had HIV)
03 You didn't want to think about HIV or about being HIV positive
04 You were worried your name would be reported to the government if you tested positive
05 You didn't know where to get tested
06 You don't like needles
07 You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
08 Some other reason
09 No particular reason
97 Refused
99 Don't know

Sample adults 18+ who have never been tested for HIV

<1-9,R,D> [goto next section]
Now I am going to ask you about some health services you may have used.

DURING THE PAST 12 MONTHS, did you see a practitioner for naturopathy (nay-chur-AH-puh-thee)?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

* Read if necessary: DURING THE PAST 12 MONTHS
… did you see a practitioner for chelation (key-LAY-shun) therapy?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+
2017 NHIS Questionnaire - Sample Adult
Adult Complementary Health
Document Version Date: 01-Jun-18

Question ID: ACH.030_00.000  Instrument Variable Name: TRD_USM1  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS

… did you see a practitioner for traditional medicine such as a Shaman (SHAH-man), curandero (coo-rahn-DEHR-oh), Yerbero (yehr-BEH-roh), sobador (so-bah-DOHR), or Native American Healer?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto TRD_USM2]
<2,R,D> [goto HOM_USM1]

Question ID: ACH.040_00.000  Instrument Variable Name: TRD_USM2  QuestionnaireFileName: Sample Adult

QuestionText: Which practitioners for traditional medicine did you see in the past 12 months?

*Enter all that apply, separate with commas.

1  Shaman (SHAH-man)
2  Curandero (coo-rahn-DEHR-oh), Machi (MAH-chee), or Parchero (pahr-CHEH-roh)
3  Yerbero (yehr-BEH-roh) or Hierbista (yehr-BEE-stah)
4  Sobador (so-bah-DOHR)
5  Native American Healer or Medicine Man
6  Other
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months

SkipInstructions: <1-6,R,D> [goto HOM_USM1]
Practitioners of homeopathy (ho-mee-AH-puh-thee) recommend small pills or drops that are often placed under the tongue to treat health problems.

DURING THE PAST 12 MONTHS, did you see a practitioner for homeopathic treatment?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto MBO_MAN1]
Question ID: ACH.070_00.000  Instrument Variable Name: MBO_MND1  QuestionnaireFileName: Sample Adult

QuestionText:

? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did you use

… Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto MBO_SPR1]

---

Question ID: ACH.080_00.000  Instrument Variable Name: MBO_SPR1  QuestionnaireFileName: Sample Adult

QuestionText:

? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did you use

… Spiritual meditation including Centering Prayer and Contemplative Meditation?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto MBO_IMG1]
Question ID: ACH.090.00.000  Instrument Variable Name: MBO_IMG1  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did you use
… Guided imagery?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto MBO_PRO1]

---

Question ID: ACH.100.00.000  Instrument Variable Name: MBO_PRO1  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did you use
… Progressive relaxation?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto YTQU_YG1]

---

Question ID: ACH.105.00.000  Instrument Variable Name: QARNDM71  QuestionnaireFileName: Sample Adult

QuestionText: Random number generator

UniverseText: All families selected for QA question

SkipInstructions:
**Question ID:** ACH.105_01.001  **Instrument Variable Name:** QACHK71  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Please enter [Fill1: QARNDM71 ] for quality assurance.*

**UniverseText:** Sample adults 18+ where QA question was selected

**SkipInstructions:** <number> [goto YTQU_YG1]

---

**Question ID:** ACH.105_02.002  **Instrument Variable Name:** QACHNG71  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Flag field to indicate whether or not the value entered by the FR matched or not.

- "" (empty) - if the check was not asked or answered
- 0 - if the check was asked and the value entered matches the random value
- 1 - if the check was asked and the value entered does NOT match the random value (cannot be undone)

**UniverseText:** All families selected for QA question

**SkipInstructions:**

---

**Question ID:** ACH.110_00.000  **Instrument Variable Name:** YTQU_YG1  **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

**Question:** DURING THE PAST 12 MONTHS, did you practice Yoga for yourself?

1 Yes
2 No
7 Refused
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto YTQ_BTY1]
<2,R,D> [goto YTQU_TA1]
### Breathing Exercises as Part of Yoga

**Question ID:** ACH.120_00.000  
**Instrument Variable Name:** YTQ_BTY1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you do breathing exercises as part of Yoga? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have practiced Yoga in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto YTQ_MDY1]

### Meditation as Part of Yoga

**Question ID:** ACH.130_00.000  
**Instrument Variable Name:** YTQ_MDY1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you do meditation as part of Yoga?

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have practiced Yoga in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto YTQU_TA1]

### Practice Tai Chi

**Question ID:** ACH.140_00.000  
**Instrument Variable Name:** YTQU_TA1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** During the past 12 months, did you practice Tai Chi (tie-CHEE) for yourself?

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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto YTQ_BTT1]  
<2,R,D> [goto YTQU_QG1]
Did you do breathing exercises as part of Tai-Chi? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1. Yes
2. No
7. Refused
9. Don't know

Sample adults 18+ who have practiced Tai-Chi in the past 12 months

Did you do meditation as part of Tai-Chi?

1. Yes
2. No
7. Refused
9. Don't know

Sample adults 18+ who have practiced Tai-Chi in the past 12 months

? [F1]

DURING THE PAST 12 MONTHS, did you practice Qi Gong (chee-GONG) for yourself?

1. Yes
2. No
7. Refused
9. Don't know

Sample adults 18+

<1> [goto YTQ_BTQ1]
<2,R,D> [goto next section]
**Question ID:** ACH.180_00.000  **Instrument Variable Name:** YTQ_BTQ1  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you do breathing exercises as part of Qi Gong? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have practiced Qi Gong in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto YTQ_MDQ1]

---

**Question ID:** ACH.190_00.000  **Instrument Variable Name:** YTQ_MDQ1  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you do meditation as part of Qi Gong?

1. Yes
2. No
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have practiced Qi Gong in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto next section]
The next questions are about your Internet and email use.

Do you use the Internet?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+

Sample adults 18+ who use the Internet
Question ID: AWB.020_02.000  Instrument Variable Name: AWEBOFTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for how often Internet is used.

1  Per day
2  Per week
3  Per month
4  Per year
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who use the Internet and gave a valid value for the number portion of this question

SkipInstructions: <1-4,R,D> [goto AWEBEML]

Question ID: AWB.030_00.000  Instrument Variable Name: AWEBEML  QuestionnaireFileName: Sample Adult

QuestionText: Do you send or receive emails?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AWEBEMAD] <2,R,D> [goto next section]
We may want to contact you to obtain additional health-related information.

May I have your email address?

*Enter email address.

*Enter ‘N’ for none.

allow 75

97 Refused

99 Don't Know

Sample adults 18+ who send or receive email

How often do you check this email account?

*Read if necessary: How many times per day, per week, per month, or per year do you check this email account?

*Enter number.

001-995 1-995

97 Refused

99 Don't know

Sample adults 18+ who gave an email address
2 of 2

*Enter time period for how often email is checked.

1  Per day
2  Per week
3  Per month
4  Per year
7  Refused
9  Don't know

Sample adults 18+ who gave an email address and gave a valid value for the number portion of this question